WAIVER OF JOINT AND SURVIVOR PENSION

Name of member
or former member

We, _______________________________________________________
(referred to below as the "member or former member")

and _______________________________________________________
(referred to below as the "spouse or same-sex partner")

Certify that we are spouses or same-sex partners within the meaning of the
Pension Benefits Act.

We understand that section 44 of the Pension Benefits Act provides that the pension
paid to the member or former member from the McMaster Contributory Pension
Plan must be paid as joint and survivor pension if we are spouses or same-sex
partners on the date that the payment of the first instalment of the pension is due.
We also understand that the amount of pension payable to the surviving spouse or
same-sex partner must not be less than 60% of the pension paid to the member or
former member while we are both alive.

We understand that we may waive our right to the joint and survivor pension
provided by section 44 of the Pension Benefits Act by signing this waiver.

We understand that by signing this waiver, the surviving spouse or same-sex partner
will be entitled to less than the 60% joint and survivor pension entitlement as provided
by section 44 of the Pension Benefits Act.

We hereby waive our right to a joint and survivor pension provided by section 44 of the
Pension Benefits Act by signing this waiver in the presence of a witness.

We understand that we may cancel this waiver at any time before the date of the
commencement of payment of the member’s or former member’s pension.

Prior to completing this form, we strongly recommend each party consider obtaining independent
legal advice concerning their individual rights and the effect of this waiver.

Sworn this _______________ day of __________, 20_____ in _________________, Ontario.
(Day) (Month) (Yr) (City)

_________________________________                  _____________________________________
Signature of Spouse or Same-Sex Partner                 Witness Signature

_________________________________                  _____________________________________
Employee Signature                      Witness Signature

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