

This form is required for the pension partner to waive his or her rights to survivor pension benefits. This Declaration must be completed before a Commissioner for Oaths or Notary Public outside the presence of the pensioner. For the purposes of this form, any reference to the Minister means Alberta Pensions Services Corporation (APS).  
 Once completed, return it to:  
 LAPP c/o APS, 5103 Windermere Blvd. SW,  
 Edmonton, AB T6W 0S9. Fax: 780-421-1652

**Statutory Declaration**

CANADA )	IN THE MATTER OF A PENSION
FOR PROVINCE )	PARTNER WAIVER OF BENEFITS
OF ALBERTA )	UNDER THE
TO WIT )	LOCAL AUTHORITIES PENSION PLAN

**NOTE:** If this declaration is signed before pension commencement, it has no effect until then. It should reflect circumstances at pension commencement. Therefore, if stated circumstances change between now and pension commencement, you should notify the Minister. The form is dealing with the situation as at pension commencement, despite the fact that the declaration may be signed before or after pension commencement. It may not be signed more than 90 days before pension commencement in any case.

I, \_\_\_\_\_  
 Full Name of "pension partner"

of the \_\_\_\_\_ of \_\_\_\_\_ in \_\_\_\_\_  
 Municipal Status Municipality Province/ Territory/State/Country (if other than Canada)

**solemnly declare as follows:**

1. As of \_\_\_\_\_ I am the "pension partner" (as described below) of  
 Date of Pension Commencement  
 \_\_\_\_\_ ("the pensioner"), a retiring member of the Local Authorities  
 Name of Prospective Pensioner  
 Pension Plan (the Plan).
2. Being the pensioner's "pension partner" means that
  - (a) I am married to the pensioner and have not been living separate and apart from him or her for 3 or more consecutive years, or
  - (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) applies, I am and have been living with the pensioner in a conjugal relationship for a continuous period of at least 3 years or, if there is a child of our relationship by birth or adoption, of some permanence.
3. I understand that if in fact I am the pensioner's pension partner at pension commencement, the Plan requires that the pensioner take a form of pension which, after the death of either of us, will continue to be paid to the survivor for life in an amount that is at least 2/3 of the amount that would have been payable to the pensioner had we both continued to live. This means that if the pensioner starts to receive a pension and dies before I do, survivor payments equal to at least 2/3 of the original amount will continue to me for my lifetime.
4. I also understand that if I sign this waiver form and it is filed with the Minister I will have given up my rights to the survivor benefit described above. I further understand that signing this waiver means that the pensioner may choose a pension that provides me with a lower survivor pension benefit than described above or no survivor pension benefit at all and that the pensioner has no obligation to grant me any benefit under the pension plan or other vehicle whatsoever.
5. Understanding everything described above, I nevertheless waive my rights to the minimum 2/3 joint and survivor pension required by the Plan.

6. I have read this form and understand it.
7. The facts stated were true as at pension commencement (if that date has passed) or will truly reflect circumstances at pension commencement to the best of my knowledge and belief (if that date has not yet arrived).
8. I have read and reviewed information on all the pension options available to the pensioner, including those that would give me a survivor pension and the pensioner's retirement statement showing the balance in the pensioner's account and know the amount of the benefit I am giving up.
9. I am signing this form of my own free will and not under any form of pressure.
10. The pensioner is not present while I am signing this form.
11. I realize that
  - (i) this form only gives a general description of the legal rights I have under the Plan,
  - (ii) if I wish to understand exactly what my legal rights are, it may be necessary that I seek legal advice, and
  - (iii) the subject-matter of this waiver form may involve complex financial decisions.
12. I certify that I have either obtained independent legal and/or financial advice or that I do not wish to obtain it.

To waive my rights described above, I sign this waiver form.

**AND I MAKE** this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**DECLARED** before me \_\_\_\_\_ )  
printed name of Commissioner for Oaths

at the \_\_\_\_\_ of \_\_\_\_\_ )  
city, town, village, etc. name of city, town, village, etc. Signature of pension partner

in \_\_\_\_\_ this \_\_\_\_\_ )  
province/territory day

day of \_\_\_\_\_ , 20 \_\_\_\_\_ )  
month year

\_\_\_\_\_  
signature of Commissioner for Oaths in and for the province/territory of \_\_\_\_\_ commission expiry date (if applicable)