Form 8

Spousal Waiver of Death Benefit Under a LIRA or LIF



Why complete this form?

- You are the spouse of an owner of a locked-in retirement account (LIRA) or a life income fund (LIF).
- Your spouse earned the LIRA or LIF while working in Nova Scotia for an organization that is regulated by the Province of Nova Scotia.
- · You want to waive your right to survivor benefits equal to the value of the assets in the LIRA or LIF.

Before you complete this form, you should have a private conversation with your own lawyer about how this waiver affects your individual rights.

1		Give information about the LIRA or LIF	
		LIRA or LIF account number:	
		Name of the financial institution:	
		Mailing Address:	Town or city:
		Postal code:	Phone number:
2	>	Give information about the owner of the	LIRA or LIF
		Last name:	
		First name:	Middle name:
		Mailing Address:	Town or city:
		Postal code:	
		Date of birth (yyyy/mm/dd):	
3	>	Give information about the spouse	
		Last name:	
		First name:	Middle name:
		Mailing Address:	Taxon an aiten
		Postal code:	Phone number:

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		Spouse's certification and wa	iver		
		I certify that I am the spouse ofnamed in this form.	, the owner of the LIRA or LIF		
		I understand that if the owner dies, I have the right to receive a survivor's benefit equal to the value of the assets of the LIRA or LIF.			
			gning this form takes away my right to receive the benefits described le to a beneficiary designated by the owner or to the personal		
		I understand that I may cancel this waiver at any time BEFORE the death of the owner by delivering a written and signed notice of cancellation to the financial institution that administers the LIRA or LIF.			
		Signature of spouse:	Date (yyyy/mm/dd):		
		Signature of witness:	Date (yyyy/mm/dd):		
		n above, date, and complete the Witness' Information below immediately after seeing you sign and date the n. The witness cannot be your spouse. • Give information about the witness Last name:			
5	•				
5	•	Last name:			
5	•	Last name:	Middle name:		
5	>	Last name:	Middle name: Town or city:		
5	*	Last name: First name: Mailing Address: Postal code: Give this waiver to the financi	Middle name: Town or city:		
	*	Last name: First name: Mailing Address: Postal code: Give this waiver to the financi Do not give this waiver to the Depart	Middle name: Town or city: Phone number: al institution that looks after the owner's LIRA or LIF.		
	•	Last name: First name: Mailing Address: Postal code: Give this waiver to the financi Do not give this waiver to the Depart Note: This waiver comes into effect the owner's LIRA or LIF.	Middle name: Town or city: Phone number: al institution that looks after the owner's LIRA or LIF. tment of Finance and Treasury Board, Pension Regulation Division		

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Questions? Email pensionreg@novascotia.ca

How we define financial institution, spouse and waiver

Financial institution – a bank, a credit union, an insurance company, or any organization that invests money in financial assets

Spouse

- · The person you are married to.
- The person you are married to, if the marriage hasn't been legally ended.
- The person you thought you were married to, if you are still living together.
- The person you thought you were married to, if you have lived together within the last 12 months.
- The person you are living with as a registered domestic partner under the Vital Statistics Act.
- The person you have been living with in a conjugal relationship for at least one year, if neither of you are married to someone else.
- The person you have been living with in a conjugal relationship for at least three years, even if one or both of you are married to someone else.

Waiver – a written agreement in which a person gives up a right to something to which they would ordinarily be entitled. For example, a written agreement in which a spouse gives up the right to receive pension benefits to which they would ordinarily be entitled.

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