

Spousal waiver—Pre-retirement death benefit (for Alberta, British Columbia, Ontario, Québec and Saskatchewan members only)

Please print clearly in pen

PRIOR TO COMPLETING THE FORM, each party should consider obtaining independent legal advice concerning their individual rights and the effect of this waiver.			
			harainaftar tha "mambar" or "farmar marshar"
	NAME OF MEMBER OR FORMER MEMBER		, hereinafter the "member" or "former member",
and	NAME OF SPOUSE		, hereinafter the "spouse", hereby certify
that we are spouses as defined by the applicable provincial legislation.			
We understand that, in the absence of a waiver, if the member or former member dies,			
 prior to the payment of a deferred pension, or where the member continues in his or her employment after the normal retirement date, prior to the commencement of payment of 			
where the member continues in his or her employment after the normal retirement date, prior to the commencement of payment of pension benefits,			
then the person who is the spouse of the member or former member at the date of his or her death is entitled to receive a pre-retirement death benefit of either a lump-sum payment or an immediate or deferred life annuity from the Canadian Blood Services Defined Benefit Pension Plan or the Canadian Blood Services Deferred Contribution Pension Plan, at the date of the member's or former member's death.			
We understand that we may waive the right of the spouse to receive any pre-retirement death benefit, in which case payment of this benefit will be made to either			
a beneficiary designated by the member or former member, or			
2. the personal representative of the member or former member for distribution as part of his or her estate.			
We hereby waive the right of to receive any payment NAME OF SPOUSE			
under the applicable provincial legislation.			
CERTIFICATION			
Signature of			
member or former member		Date	
			YEAR MONTH DAY
Witness to			
signature of member of		Name of	
former member		witness	
			PLEASE PRINT
Signature of spouse		Date	
spouse		Date	YEAR MONTH DAY
Witness to			
signature of		Name of	
spouse		witness	PLEASE PRINT