

# FORM P7 (Division of Pensions Regulation, s. 4 (1)(f))

## WITHDRAWAL OF NOTICE/WAIVER OF CLAIM

### *When to Use this Form*

*A Form P7 is used if a spouse decides to withdraw a notice or other document delivered to the administrator/annuity issuer or give up the spouse's claim to the benefits. A Form P7 cannot be withdrawn by this form, and a notice cannot be withdrawn once the benefit division arrangements are completed. This form can be used to withdraw a notice of an assignment in Form P10 but does not affect the agreement or order that created the assignment.*

### **Comments and Instructions:**

Your interest in the benefits is important, and the *Family Law Act* provides that withdrawing forms or documents, or a waiver of division of benefits, is not effective unless it is in this form. When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice.

*[Please print]*

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage- like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of Birth \_\_\_\_\_

*[If spouse is deceased]*

*[Required]* Date of spouse's death \_\_\_\_\_

[Required] Name of spouse's personal representative \_\_\_\_\_

[Required] Contact information for spouse's personal representative \_\_\_\_\_

\_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

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**In relation to: Plan member/annuitant**

[Required] Name of member/annuitant \_\_\_\_\_

[Optional] Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

[Optional] Employer \_\_\_\_\_

*(check the correct box)*

- ☐ I withdraw the notice in Form \_\_\_\_\_ dated \_\_\_\_\_ [date]
- ☐ I withdraw \_\_\_\_\_ [identity document] dated \_\_\_\_\_ [date]
- ☐ I withdraw all forms and documents filed in connection with my claim to an interest in the member's/annuitant's

Signed \_\_\_\_\_

- ☐ spouse
- ☐ personal representative of the spouse

Date \_\_\_\_\_