

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 A Form P7 cannot be withdrawn by this form, and a notice cannot be withdrawn once the benefit division arrangements are completed.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 The Pulp and Paper Industry Pension Plan

[Optional] Address of administrator/annuity issuer c/o TELUS Health
768 Seymour St, 11th floor, Vancouver BC V6B 3K9

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.]

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 _____