

**Municipal Employees Benefits Program
Revocation of Waiver Form
Pre-Retirement Survivor or Death Benefit**

To: The Municipal Employees Benefits Program (MEBP), administrator of the
Municipal Employees Pension Plan

From: _____
(Full Name of Spouse/Common-Law Partner– Please Print)

(Full Name of Member– Please Print)

(Name of Member's Employer – Please Print)

We, the undersigned, under Section 21 (26.4) of *the Pension Benefits Act of Manitoba* revoke a pre-retirement survivor or death benefit waiver, a copy of which is attached, that was signed by both of us on the _____ day of _____, 20____ in respect of the pension referred to in the waiver.

We understand that, as a result of our signing this revocation, if the member dies before the MEBP pension commences, the survivor or death benefit payable will be paid to the surviving spouse or common-law partner, if not living separate and apart from the member at that time.

We acknowledge that we have read the contents of this form, sign it freely and voluntarily and understand the consequences of signing it.

Dated: _____
(Day/Month/Year)

Signature of Member

Signature of Witness

Signature of Spouse or Common-Law Partner

Signature of Witness