



**DESJARDINS GROUP PENSION PLAN (DGPP)**  
REGISTRATION NUMBER: 25717

**WAIVER OF DEATH BENEFITS BEFORE RETIREMENT  
PURSUANT TO SECTION 88.1 OF THE SUPPLEMENTAL  
PENSION PLANS ACT**

As the spouse (as defined under section 85 of the *Supplemental Pension Plans Act*) of \_\_\_\_\_, I hereby waive all death benefits before retirement that could be payable to me by the DGPP and that would be paid to me by virtue of my status as spouse.

I understand that I hereby waive my rights to the benefits payable during the participant's active membership in the DGPP only and that a new form must be signed at my spouse's retirement in the event I would wish to waive the benefits that would be paid to me by virtue of my status as spouse after my spouse's retirement.

I have signed with full knowledge of the facts, and I recognize that I can revoke this waiver at any time, but before the death of my spouse.

Name of spouse (please print)

Name of participant (please print)

Signature of spouse (handwritten signature only)

Participant's identifier (9 characters)

Date (YYYY/MM/DD)

Spouse's home address:

Participant's home address:

**ADDITIONAL INFORMATION**

**DGPP Member Services**

Monday to Friday, from 8:30 a.m. to 4:30 p.m.

**By phone**

Call us at 1-866-434-3166 or 514-285-3166

**By secure messaging**

Write to us via the secure *Contact us* section of the DGPP website at [rcd-dgp.com](http://rcd-dgp.com)

**HOW TO SEND YOUR DOCUMENTS**

Via secure messaging through the [Contact us](#) section of the DGPP website at [rcd-dgp.com](http://rcd-dgp.com)

**By mail or internal mail to**

Desjardins Insurance  
LEV 95 – 3 – C  
95 Rue Des Commandeurs  
Lévis QC G6V 6P6