

**FORM P7 (Division of Pensions Regulation, s.4 (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 A *Form P5* or *P7* cannot be withdrawn by this form, and a notice cannot be withdrawn once the benefit division arrangements are completed.

*[Please print]*

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

Name of plan/annuity WorkSafeBC Pension Plan

Address of administrator/  
annuity issuer PO Box 9460  
Victoria BC V8W 9V8

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**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.]*

Name of spouse \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

*[If spouse is deceased]*

Date of Spouse's Death \_\_\_\_\_

Name of spouse's personal representative \_\_\_\_\_

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**

Name of member/annuitant \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Social Insurance or Plan Identity Number \_\_\_\_\_

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 benefits and waive my claim to any interest.

Signed \_\_\_\_\_

spouse

personal representative of the spouse

Date \_\_\_\_\_

Signed (*witness*) \_\_\_\_\_

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

**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.