|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  | | | | | | |  | | | |
| FORM 1 | | | | | | | | | | | | | | | | | |
| ELECTION OF SURVIVING SPOUSE | | | | | | | | | | | | | | | | | |
|  | | | |  | (*Family Law Act*, s. 6) | | | | | | | | | |  |  | |
| This election is filed by (solicitors) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name of deceased | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | Given name(s) | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
| Last address of deceased | | | | | | | | | | | | | | | | | |
| Street or postal address | | | | | | | | | | | | City, town, etc. | | | | | Postal code |
|  | | | | | | | | | | | |  | | | | |  |
| Date of death | | | | | | | | | | | | | | | | | |
| Day | | | | | | Month | | | | | | | | Year | | | |
|  | | | | | |  | | | | | | | |  | | | |
| Surviving spouse | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | Given name(s) | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Address of spouse | | | | | | | | | | | | | | | | | |
| Street or postal address | | | | | | | | | | | | City, town, etc. | | | | | Postal code |
|  | | | | | | | | | | | |  | | | | |  |
| I, |  | | | | | | | | | | | | , the surviving spouse, elect: *(check one box only)* | | | | |
|  | | to receive the entitlement under section 5 of the *Family Law Act*; or | | | | | | | | | | | | | | | |
|  | | to receive the entitlement under the will, or under Part II of the *Succession Law Reform Act*, if there is an intestacy, or both, if there is a partial intestacy. | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  |  | | | | | | |
|  | | | Date | | | | | | |  | Signature of surviving spouse | | | | | | |
| **NOTE:**  This election has important effects on your rights. You should have legal advice before signing it. | | | | | | | | | | | | | | | | | |