|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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. |