

## Declaration of marital status

Please print when completing this form. Return the completed form and keep a copy for your records.

Pension plan name: \_\_\_\_\_

### SECTION 1 – PERSONAL INFORMATION

Last name	First name						
Identification number (employee number or social insurance number)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD					

### SECTION 2 – DECLARATION OF MARITAL STATUS

Check the appropriate box(es) and provide the required details.

If more than one situation applies (for example, if you are divorced and have a common-law spouse), you must check both applicable boxes and provide information on all spouses.

I hereby solemnly declare that, on today's date, I have the following marital status:

- Single**
- Widowed**

*Please attach a copy of your spouse's death certificate.*

- Married**

	<input type="radio"/> Male	<input type="radio"/> Female							
Name of spouse			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD							

*Please attach a copy of the marriage certificate and a copy of your spouse's birth certificate.*

- Married but legally separated**

	<input type="radio"/> Male	<input type="radio"/> Female							
Name of spouse			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD							

*Please attach a copy of the judgment of legal separation.*

- Married but was living separate and apart from my spouse without being legally separated**

	<input type="radio"/> Male	<input type="radio"/> Female							
Name of spouse			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD							

*Please attach a copy of the marriage certificate and a copy of your spouse's birth certificate.*

- Divorced**

	<input type="radio"/> Male	<input type="radio"/> Female							
Name of spouse			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD							

*Please attach a copy of the certificate of divorce.*

- Joined in a civil union (Quebec only)**  $\implies$  *Do not confuse with a common-law relationship.*

	<input type="radio"/> Male	<input type="radio"/> Female							
Name of spouse			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD							

*Please attach a copy of the certificate of civil union and a copy of your spouse's birth certificate.*

- Single following the dissolution of my civil union (Quebec only)**

	<input type="radio"/> Male	<input type="radio"/> Female							
Name of spouse			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">YYYY</td> <td style="text-align: center; border-bottom: 1px solid black;">MM</td> <td style="text-align: center; border-bottom: 1px solid black;">DD</td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD							

*Please attach a copy of the proof of dissolution of the civil union.*

● **Common-law spouse** (relationship registered in Manitoba only)

Male     Female
 

YYYY	MM	DD
_ _ _	_	_

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

Date common-law relationship began

*Please attach a copy of the certificate of the common-law relationship registered under the Vital Statistics Act of Manitoba and a copy of your spouse's birth certificate.*

● **Domestic partner** (Nova Scotia only)

Male     Female
 

YYYY	MM	DD
_ _ _	_	_

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

Date common-law relationship began

*Please attach a copy of the certificate of the domestic partnership registered under the Vital Statistics Act of Nova Scotia and a copy of your spouse's birth certificate.*

● **Common-law spouse**

Male     Female
 

YYYY	MM	DD
_ _ _	_	_

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

Date common-law relationship began

*Please attach a copy of your spouse's birth certificate, answer the following question and have someone who knows both you and your spouse complete Section 3 below.*

Are you and your spouse the parents of at least one child?     $\Rightarrow$      Yes     No

If yes, choose the statement that better describes your situation:

- You and your spouse are the natural parents of a child.
- You and your spouse are the adoptive parents of a child.
- Either you or your spouse is the natural parent of a child while the other is the adoptive parent.

**SECTION 3 – CONFIRMATION OF COMMON-LAW RELATIONSHIP**

*Complete this section only if you declared having a common-law spouse. Note that it must be completed by someone other than you and your common-law spouse.*

I hereby solemnly declare that I have known both the plan member and his/her common-law spouse as mentioned previously on this form for \_\_\_\_\_ years and that, as far as I know, they have been living in a common-law relationship—i.e. as husband and wife or same-sex partners—for at least \_\_\_\_\_ year(s).

\_\_\_\_\_  
Name of the person making the declaration

\_\_\_\_\_  
Address of the person making the declaration

\_\_\_\_\_  
Signature of the person making the declaration

\_\_\_\_\_  
Date

**SECTION 4 – MEMBER'S SIGNATURE**

I understand that the status of spouse is established **on the date on which payment of my pension begins**. Accordingly, if my situation changes before payment of my pension begins, I must give a written notice of the change.

I understand that, for the purposes of the pension plan, this declaration should not be interpreted as automatically creating rights in favour of the person I have declared as my spouse, if applicable. Upon my death, the facts will be examined to determine who is entitled to receive death benefits.

To the best of my knowledge, all information provided on this form is accurate and true.

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date