

**DECLARATION OF MARITAL STATUS FOR PENSION PLAN PURPOSES**

*To be Completed by the Member/Former Member. If Deceased, to be completed by Executor*

Pension Plan: Quinte St. Lawrence Electrical Workers Pension Plan #391672  
Name of Local 115 Member: \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_

The Pension Benefits Act of Ontario states that a member’s pension must be a joint and last survivor pension, if he/she has a spouse at the time the first instalment of the pension is due.

With a joint and last survivor pension, upon the death of either member or the spouse, the amount of pension payable to the remaining survivor cannot be less than 60 per cent of the pension paid to member at his/her death.

The term *spouse* means either two people of the opposite or of the same sex who:

- a) are married to each other; or
- b) are not married to each other but have been living together in a conjugal relationship:
  - i) continuously for a period of not less than three years,
  - ii) considered to be of some permanence, and they are the natural or adoptive parents of a child, both as defined in the Family Law Act, 1986.

To help the plan administrator determine which documents, waivers or forms may be required at your retirement, please provide the following information:

**Based on the above definition of the term “spouse”, I declare the following:**

My spouse’s name is \_\_\_\_\_. This person became my spouse on \_\_\_\_\_. Or, I have been living in a conjugal relationship since \_\_\_\_\_. (provide date)

I did not have a spouse at any time during my membership in the \_\_\_\_\_ Pension Plan.

**Former spousal relationships, if applicable (if you have more than one former spouse to report, please attach details):**

My former spouse’s name is \_\_\_\_\_. This person became my spouse on \_\_\_\_\_. Our relationship terminated effective \_\_\_\_\_ due to:

- Cessation of co-habitation       Divorce
- Legal separation                       Death

**I have attached the details of her pension entitlement or waiver of pension entitlement.**

My former spouse’s name is \_\_\_\_\_. This person became my spouse on \_\_\_\_\_. Our relationship terminated effective \_\_\_\_\_ due to:

- Cessation of co-habitation       Divorce
- Legal separation                       Death

**I have attached the details of her pension entitlement or waiver of pension entitlement.**

I confirm the above information to be true and complete.

Member’s signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse’s signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date \_\_\_\_\_