



OPSEU Pension Trust
Fiducie du régime de
retraite du SEFPO

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Declaration of Spousal Relationship

Identification

The identification section must be completed so that OPTrust may identify the deceased member and any eligible spouse.

PLEASE READ THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

Identification (Please Print Clearly)		
Deceased Member's Last Name <i>Doe</i>	First Name and Initials <i>Jane</i>	Social Insurance Number <i>123-456-789</i>
Spouse's Last Name <i>Doe</i>	First Name and Initials <i>John</i>	Social Insurance Number <i>987-654-321</i>
Home Address: No. and Street <i>123 Any Street</i>	Apt. No.	Business/Home Telephone No. <i>(416) 123-4567</i>
City/Town <i>Anyville</i>	Province <i>ON</i>	Postal Code <i>X0X 0X0</i>

Spouse's Declaration

The Spouse must sign and complete the declaration form because this information is required for OPTrust to determine whether there is an eligible spouse.

By signing the declaration form, the spouse is declaring that he/she is the eligible spouse in respect of the Plan's definition of "spouse" and is "not living separate and apart", according to the Plan's conditions.

I have read and understood the definition of "spouse" and the explanation of living "not separate and apart", as described on the back of this form.

I understand that in order to receive survivor entitlements I must be an eligible spouse under the OPSEU Pension Plan.

SPOUSE'S DECLARATION

I *John Doe* was the "spouse" of *Jane Doe*.
(Spouse's Name in Full) (Deceased Member's Name in Full)

I was living "not separate and apart" from my spouse *Jane Doe* at the time of my
(Deceased Member's Name in Full)

spouse's death on *June 30, 2005*.
(Date of Death)

AND I MAKE THIS DECLARATION conscientiously believing it to be true.

John Doe
Signature of Spouse

Aug 20, 2005
Date