



OPSEU Pension Trust Fiducie du régime de retraite du SEFPO

# Statement of Spousal Relationship

Please read the explanations on the reverse

OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7  
Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175

## Instructions

This form must be completed and signed by both the member and his or her spouse:

- at the time a new member enrolls in the OPSEU Pension Plan
- at any time when there is a change in the member's spousal relationship
- at the time of termination of membership, retirement or divestment from the Plan.

### INSTRUCTIONS

This statement must be completed by the member and his/her spouse. Please check the box that applies to you:

- at the time of enrolment in the OPSEU Pension Plan
- at any time when there is a change in the "spousal relationship"
- at the time of termination, retirement or divestment.

Your Plan Membership Date (DD/MM/YYYY)

0 | 1 | 0 | 9 | 2 | 0 | 0 | 3

Date of termination, retirement or divestment (DD/MM/YYYY)

0 | 1 | 0 | 9 | 2 | 0 | 1 | 1

### PERSONAL INFORMATION

|   |  |  |
|---|--|--|
| Member's Last Name<br>Doe                         | First Name and Initials<br>Jane              | Social Insurance Number<br>1 2 3 4 5 6 7 8 9     |
| Spouse's Last Name<br>Doe                         | First Name and Initials<br>John              | Social Insurance Number<br>9 8 7 6 5 4 3 2 1     |
| E-mail Address<br>jane.doe@domain.com             | Home Telephone Number<br>4 1 6 1 2 3 4 5 6 7 | Business Telephone Number<br>4 1 6 7 6 5 4 3 2 1 |
| Home Address: Number and Street<br>123 Any Street | Apt. No.<br>456                              |  |
| City/Town<br>Anyville                             | Province<br>ON                               | Postal Code<br>X0X 0X0                           |

## Personal Information and Declaration

The member and his or her spouse must complete all fields of the *Statement of Spousal Relationship* form and select the options that apply. This information is important because a member's eligible spouse is entitled to a survivor pension. In the case of a common-law relationship, the *Statement of Spousal Relationship* form completed at enrolment may be used to document proof of the member's common-law relationship at termination or retirement from the pension plan.

### DECLARATION

We have read and understood the definition of spouse and the explanation of "not living separate and apart," as described on the reverse of this form. We understand that, in order to receive survivor entitlements under the OPSEU Pension Plan, the survivor must be an eligible spouse under the OPSEU Pension Plan.

We declare that: (Please ensure that you complete 1 and 2.)

1.  We are married to each other **and** not living separate and apart, **or**

We have lived with each other:

- in a common-law relationship continuously for a period of less than three years **and** not living separate and apart, **or**
- in a common-law relationship continuously for a period of at least three years, **and** not living separate and apart, **or**
- in a common-law relationship of some permanence, as the natural or adoptive parents, as defined in the *Family Law Act*, of a child, **and** not living separate and apart.

2. The date of our marriage or the commencement date of our common-law relationship was:

Date (DD/MM/YYYY)

3 | 1 | 0 | 7 | 1 | 9 | 9 | 0

We make this *Statement of Spousal Relationship* conscientiously believing it to be true.

Signature of Member

Jane Doe

Date Signed (DD/MM/YYYY)

2 | 6 | 0 | 3 | 2 | 0 | 1 | 1

Signature of Spouse

John Doe

Date Signed (DD/MM/YYYY)

2 | 6 | 0 | 3 | 2 | 0 | 1 | 1