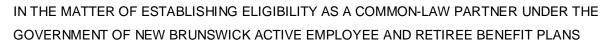
STATUTORY DECLARATION OF COMMON-LAW PARTNER





| /Nom | of Declarant) | (City Town Village) | in the County of | , in the |
|-------------------------|--|------------------------------|---|-----------------------------|
| | | | purposes of establish | |
| | as my con | nmon-law partner under | the provisions of the | |
| Name of comm | on-law partner) | | | (Pension plan) |
| ND DO SOLE | MNLY DECLARE THAT: | | | |
| I am the co | ommon-law partner of(Name | e of common-law partner) | _ | |
| I commen | ced living in a conjugal relation | nship with(Name of com | on nmon-law partner) | // (Day Month Year) |
| We have I | ived in a conjugal relationship | continuously from the date | indicated in number 2 above, | to the present. |
| l live(d) wi | th my common-law partner at | the following addresses (lis | st most recent address first): | |
| | | | From:(Day / Month / Year) | To: |
| | (Full Address) | | | |
| | (Full Address) | | From:(Day / Month / Year) | To:(Day / Month / Year) |
| | | | From:(Day / Month / Year) | To: |
| | (Full Address) | | (Day / Month / Year) | (Day / Month / Year) |
| | on-law partner and I are the re: (Attach birth certificates) | natural parents of | (child/children) and the name | s and dates of birth of th |
| Name | | | Date of birth | |
| Name | | | Date of birth | |
| Name | | | Date of birth | |
| My comm | on-law partner and I, | (Copies of one of the | relevant documents must b | e attached). |
| | | | Yo | es 🗖 No 🗖 |
| in wl | ly signed a lease, or rental agr hich we both live(d). | · · | Ye | es D No D |
| d) one | e joint bank, trust, credit union of us has Life insurance namir | | W | es 🗆 No 🗅 |
| e) one | ner and as the beneficiary. of us has Health and/or Denta | al insurance coverage on th | e other | es 🔲 No 🗖 |
| | ommon-law partner. | | | es 🔲 No 🗖 |
| | | | dicate the nature of your relates, census or electoral records. | |
| | | | nalize our relationship as con | |
| | | | | |
| And I mak under oath | h. | | be true and knowing that it has | s the same effect as if mad |
| | | before me at | | |
| | | thisday of | | |
| | | | | |
| | | | | |