

DECLARATION OF MARITAL STATUS

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

SECTION 1 – PERSONAL INFORMATION

Last name

First name

Identification number (social insurance number)

YYYY

MM

DD

Date of birth

SECTION 2 – DECLARATION OF MARITAL STATUS

Check the appropriate box and provide the required details.

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

- ☐ **Single** (I do not have a legal or common-law spouse as defined in the NB *Pension Benefits Act*)
- ☐ **Married** (I have a legal spouse as defined in the NB *Pension Benefits Act*)

Name of spouse

YYYYMMDD

Date of marriage

Please attach a copy of your spouse's birth certificate.

Spouse for the purposes of the NB *Pension Benefits Act* is defined as follows:

- Either of two persons who:
- (a)

are married to each other,
- (b)

are married to each other by a marriage that is voidable and has not been avoided by a declaration of nullity, or
- (c)

have gone through a form of marriage with each other in good faith that is void and have cohabited within the preceding year.
- ☐ **Common-law Partnership** (I have a common-law spouse as defined in the NB *Pension Benefits Act*)

Name of common-law spouse

YYYYMMDD

Date Common-law partnership began

Please attach a copy of your common-law spouse's birth certificate.

Common-law spouse for the purposes of the NB *Pension Benefits Act* is defined as follows:

Either of two persons who not being married to each other, have cohabited continuously for a period of not less than two years in a conjugal relationship, and are cohabitating at the particular time under consideration.

SECTION 3 – 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