

**ESTATE DECLARATION  
(MADE ON THE DEATH OF A PENSION PLAN MEMBER)**

Check [  ] applicable pension plan:

- New Brunswick Public Service Pension Plan
- Shared Risk Plan for Certain Bargaining Employees of NB Hospitals
- Shared Risk Plan for CUPE Employees of NB Hospitals

**INSTRUCTIONS:**

- The pension plan requires proof of entitlement for the survivor benefits of the deceased person's pension benefit. Please read the definition of spouse and common-law spouse on page 2.
- The following Statutory Declaration must be sworn before a commissioner of oaths, which may include a lawyer, notary public or judge, for taking affidavits. Please forward the sworn Statutory Declaration to Vestcor for processing.
- Contact Vestcor if you have any questions about this form.

Deceased Plan Member Name	Social Insurance Number	Date of Death

I, \_\_\_\_\_, \_\_\_\_\_,  
(Declarant Name) (Declarant Phone – include 10 digits)

of \_\_\_\_\_, in the City of \_\_\_\_\_,  
(Declarant Street Address) (City Name)

in the Province/Territory of \_\_\_\_\_, solemnly declare that:  
(Province/Territory Name and Postal Code)

1. I am (check [  ] one)

- Applying to be Administrator (I understand that a copy of Letters of Administration will be required prior to payment being made.)
- Administrator (a copy of Letters of Administration is required.)
- Executor (a copy of the will is required.)

Does the deceased plan member's will name any beneficiary(ies) to the pension plan benefit?  
 (check [  ] one)  No  Yes (we may contact you for further information)

2. I have read and I understand the definition of spouse and common-law spouse on page 2.

I am (check [  ] one)  Aware  Not aware of a person who meets the definition of spouse/ common-law spouse.

\_\_\_\_\_  
(Spouse/common-law spouse's Name and Address - of a person who meets the definition, if applicable)

3. I am (check [  ] one)  Aware  Not aware of a former spouse who may be entitled to a portion of the pension benefit.

\_\_\_\_\_  
(Former Spouse Name and Address - of any person who may be entitled to a portion of the pension benefit, if applicable)

4. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me, \_\_\_\_\_,  
(Name of Commissioner of Oaths)

in the City of \_\_\_\_\_,  
(City Name)

In the Province/Territory of \_\_\_\_\_,  
(Province/Territory Name and Postal Code)

This \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)



\_\_\_\_\_  
 Signature of Commissioner of Oaths  
 (ALSO apply your stamp)



\_\_\_\_\_  
 Signature of Declarant

## Definitions

### Spouse

The pension plan considers an eligible spouse to be either of two persons who:

- are married to each other;
- are married to each other by a marriage that is voidable and has not been voided by a declaration of nullity; or
- 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 Spouse

The pension plan considers a common-law spouse to be a person who, not being married to the member or former member, was cohabiting in a conjugal relationship with the member or former member for a continuous period of at least two years immediately before the date in question.

### Note

- The pension plan recognizes a spouse or common-law partner of the same sex, as long as they meet the definition of spouse or common-law partner.
- If a spouse and a common-law partner both claim a right or a benefit under this pension plan, the spouse is entitled to the right or benefit, if he or she is otherwise eligible, unless there is a valid domestic contract between the member or the former member and the spouse, or a decree, order or judgment of a competent tribunal, that bars the spouse's claim.

### Contact Information:

Vestcor	Toll-free in Canada	1-800-561-4012
PO Box 6000	Fredericton	1-506-453-2296
Fredericton, NB E3B 5H1	Fax:	1-506-457-7388
	Web:	<a href="http://www.vestcor.org/pensions">www.vestcor.org/pensions</a>

*Right to Information and Protection of Privacy Act* – The personal information on this form is collected under the authority of the *Pension Benefits Act* and will be used by Vestcor to administer a plan member's pension benefits. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team at 1-800-561-4012.