

**STATUTORY DECLARATION OF COMMON-LAW PARTNER**  
 IN THE MATTER OF ESTABLISHING ELIGIBILITY AS A COMMON-LAW PARTNER  
 UNDER THE

- |  |   |
|--|---|
| • NB PUBLIC SERVICE PENSION PLAN       | • SHARED RISK PLAN FOR CERTAIN BARGAINING EMPLOYEES OF NB HOSPITALS                   |
| • NB TEACHERS' PENSION PLAN            | • SHARED RISK PLAN FOR CUPE EMPLOYEES OF NB HOSPITALS                                 |
| • PROVINCIAL COURT ACT                 | • PENSION PLAN FOR FULL-TIME CUPE 2745 EMPLOYEES OF NB SCHOOL DISTRICTS               |
| • PROVINCIAL COURT JUDGES' PENSION ACT | • PENSION PLAN FOR GENERAL LABOUR, TRADES & SERVICES EMPLOYEES OF NB SCHOOL DISTRICTS |
| • MEMBERS' PENSION ACT                 | • MEMBERS SUPERANNUATION ACT  |

I, \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_, in the  
 (Name of Declarant) (City, Town, Village)  
 Province of \_\_\_\_\_, make this declaration for purposes of establishing the eligibility of  
 \_\_\_\_\_ as my common-law partner under the provisions of \_\_\_\_\_.  
 (Name of common-law partner) (Pension Plan)

**AND DO SOLEMNLY DECLARE THAT:**

- I am the common-law partner of \_\_\_\_\_  
 (Name of common-law partner)
- I commenced living in a conjugal relationship with \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Name of common-law partner) (Day Month Year)
- We have lived in a conjugal relationship continuously from the date indicated in number 2 above, to the present.
- I live(d) with my common-law partner at the following addresses (list most recent address first):  

_____	From: _____	To: _____
(Full Address)	(Day/Month/Year)	(Day/Month/Year)
_____	From: _____	To: _____
(Full Address)	(Day/Month/Year)	(Day/Month/Year)
_____	From: _____	To: _____
(Full Address)	(Day/Month/Year)	(Day/Month/Year)
- My common-law partner and I are the natural parents of \_\_\_\_\_ (child/children) and the names and dates of birth of the children are: (Attach birth certificates)  

Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
- My common-law partner and I, **(Copies of one of the relevant documents must be attached).**
  - jointly own residential property in which we both live(d). Yes  No
  - jointly signed a lease, or rental agreement relating to a residence in which we both live(d). Yes  No
  - have joint bank, trust, credit union or charge or mortgage accounts. Yes  No
  - one of us has Life insurance naming the other as common-law partner and as the beneficiary. Yes  No
  - one of us has Health and/or Dental insurance coverage on the other as common-law partner. Yes  No

If none of the above categories apply, any records that would indicate the nature of your relationship should be attached. For example, telephone bills in both names, bills, receipts, contracts, census or electoral records.

7. My common-law partner and I took the following steps to formalize our relationship as common-law partners (that is, cohabitation agreement, power of attorney, authorization to make medical decisions on behalf of common-law partner etc.).  
 \_\_\_\_\_  
 \_\_\_\_\_

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

SOLEMNLY DECLARED before me at \_\_\_\_\_  
 in the County of \_\_\_\_\_ in the Province of \_\_\_\_\_,  
 this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
 COMMISSIONER OF OATHS Signature of Declarant