

- Pension Plan for Custodians, Bus Drivers and Maintenance Workers of NB School Districts
- Pension Plan for Full-Time CUPE 2745 Employees of NB School Districts

## INSTRUCTIONS

1. Read the information below.
2. Complete the form on page 2.
3. Submit the form and supporting documents (described below) to Vestcor.

### Definitions

Under the pension plans listed above, a “**common-law partner**” is someone who, though not married to the current or former member, has cohabited:

1. Continuously for at least 3 years in a conjugal relationship with the member or
2. Within the preceding year in a relationship with the member and where they are the natural parents of a child.

The date in question will be (as applicable, and depending on the plan):

- The member’s or former member’s date of death.\*
- The date of the breakdown of the common-law partnership.
- The member’s or former member’s pension commencement date.\*

*\* Must also be cohabiting in a conjugal relationship on the date in question.*

### Required Documents

When submitting this statutory declaration, **at least two (2)** supporting documents from the list below must also be submitted to Vestcor. One of those documents must be dated **at least three (3) years before** the application date in question (unless you fall under Category 2 noted above, then one (1) year applies).

Vestcor will accept supporting documents from the following list:

- Documents showing joint ownership, lease, or rental of the shared residence;
- Property tax statements in both names;
- Income tax returns (e.g., notice of assessment);
- Household bills in both names\*\* (e.g., power, water, telephone, cable, internet);
- Account statements in both names\*\* (e.g., credit card, bank account, investments);
- Insurance policies in both names;\*\*
- Insurance policies (e.g., life insurance, car insurance) or insured benefits (e.g., health and dental benefits) identifying you or your common-law partner as the spouse or partner of the other person;
- A valid will or power of attorney from your common-law partner that identifies you as a spouse or partner;
- A cohabitation agreement between you and your common-law partner.

Vestcor may, at its discretion, seek additional supporting documentation regarding the common-law partnership.

*\*\* Vestcor will accept documents in these categories that name only one common-law partner, as long as each common-law partner provides such a document, and the addresses on both documents are the same. The two documents will be treated as a single document.*

## PRIVACY CONSENT

The personal information collected on this form (including supporting documentation) will be used by Vestcor to: identify the member and the member’s common-law partner; assist in determining whether the definition of common-law partner under the applicable legislation has been satisfied; contact the member and/common-law partner as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan’s governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor’s Member Services Team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at [info@vestcor.org](mailto:info@vestcor.org). In addition, please note that Vestcor’s Privacy Statement is available at [www.vestcor.org/privacy](http://www.vestcor.org/privacy).

# FORM SD2-B - Statutory Declaration of Common-Law Partner



To be completed by the plan member:

Employee ID No. OR Vestcor Reference No. \_\_\_\_\_ SIN (optional) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of Declarant City, Town, Village  
in the County of \_\_\_\_\_, in the Province of \_\_\_\_\_, make this declaration  
for the purposes of establishing the eligibility of \_\_\_\_\_ as my common-law partner  
Name of Common-Law Partner  
under the provisions of \_\_\_\_\_ AND DO SOLEMNLY DECLARE THAT:  
Pension Plan

1. I am the common-law partner of \_\_\_\_\_  
Name of Common-Law Partner
2. I commenced living in a conjugal relationship with \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Name of Common-Law Partner Day Month Year
3. We lived/have lived (as applicable) in a conjugal relationship continuously from the date indicated in number 2 above,  
up to \_\_\_\_.  
Provide end date or write "Present", as applicable.

4. I live(d) with my common-law partner at the following addresses (list most recent address first):  
\_\_\_\_\_  
Full Mailing Address From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year Day Month Year  
\_\_\_\_\_  
Full Mailing Address From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year Day Month Year

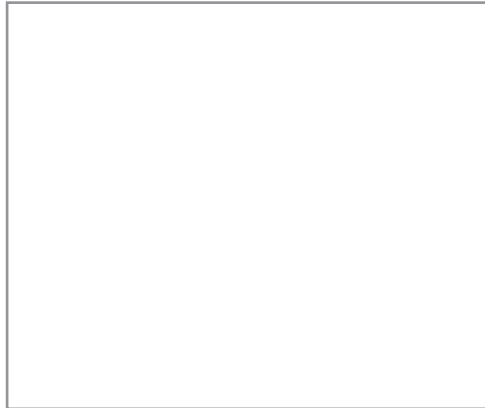
5. We lived separately during the following periods (after the date indicated in number 2 above) for the following reasons (leave blank if not applicable):  
From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason: \_\_\_\_\_  
Day Month Year Day Month Year  
From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason: \_\_\_\_\_  
Day Month Year Day Month Year

6. 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year  
Name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

7. I made this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under the oath by virtue of the *Canada Evidence Act*.

SOLEMNLY DECLARED before me at \_\_\_\_\_ in \_\_\_\_\_  
City, Town, Village  
the County of \_\_\_\_\_ in the Province of \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .  
Day Month Year

Signature of Declarant: \_\_\_\_\_  
Commissioner of Oaths: \_\_\_\_\_  
Affix seal/stamp  
**OR** Signature of a Notary Public: \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_.



**THIS FORM MUST BE SWORN BEFORE A COMMISSIONER OF OATHS. FORMS SWORN OUTSIDE OF NEW BRUNSWICK MUST BE TAKEN BY A NOTARY PUBLIC.**

**IMPORTANT REMINDER - At least two supporting documents, as explained on page 1, must be included with this form.**

Please return completed form as soon as possible to: Vestcor P.O. Box 6000, Fredericton, NB E3B 5H1 Fax: (506) 457-7388	For more information, please contact Vestcor at: Telephone: 506-453-2296 or 1-800-561-4012 (toll free) Email: info@vestcor.org Website: vestcor.org
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