

#160-4400 Dominion Street Burnaby, BC V5G 4G3 Telephone: (604) 299-7482 Toll Free: (800) 663-1356 Facsimile: (604) 299-8136

SPOUSAL DECLARATION FORM

(For members who reside in Ontario)

| I, | | | | | , declare that I do | |
|---|------|---|--|--------------------------|--|--|
| (please print your name) | | | | | | |
| PLEASE | E TI | CK √ | | | | |
| | [|] | have a | a spouse as defined by t | the Ontario Pension Benefits Act: | |
| | [|] | not ha | ive a spouse as defined | by the Ontario Pension Benefits Act: | |
| | [|] | have an ex-spouse or ex-spouses [if yes, please attach a copy of your divorce/separation agreement(s)] | | | |
| According to the Ontario Pension Benefits Act, the definition of a spouse is, either a man or a woman who | | | | | | |
| | a] | | you ar | re married to, or | | |
| | b] | | you are not married to and who you have been living with in a conjugal relationship, | | | |
| | | a] continuously for a period of not less than three years, or | | | | |
| | | | | | me permanence if you are the natural or child, both as defined by the Family Law | |
| | | | | | | |
| NAME OF SPOUSE | | | | | SPOUSE'S SOCIAL INSURANCE NUMBER | |
| DATE | | | | | MEMBER'S SIGNATURE | |