

DECLARATION OF MARITAL STATUS BRITISH COLUMBIA

Sec	tion	1: Please read	this section a	ind check	one box if	applicat	ole.			
l have	e a "s	pouse" as defined i	n the Multi-Sec	tor Pension	Plan ("MSP	P"). My sp	ouse is a persoi	n of the same or	opposite se	x, with whom:
	I am married and from whom I have not been living separate and apart for a continuous period longer than 2 years.									
	I ha	ave been living in a	marriage-like re	elationship f	for a period o	of at least 2	years.			
Sec	tion	2: Please chec	k only one of	the boxes	s below an	d provide	e any informa	tion required.		
	1.	My spouse, as de	fined above is:							
		Spouse's Full Nar	ne:							
		Date of Birth:	Year	/	Month	/	Day			
		The start date of o	of our relationship/date of marriage was _			/ ear	//	/	Day	
		(Attach proof of s	pouse's age and	d proof of re	elationship O	NLY if you	are applying for	r a monthly pens	ion.)	
	OR	1								
	2.	There is no perso	n who comes w	vithin the de	finition of "s	pouse" as o	defined above.			

Section 3: Applicant and Witness to sign and date. FOR MEMBER'S WHO ARE DIVORCED, SEPARATED OR NO LONGER IN A COMMON-LAW RELATIONSHIP: I certify that my former spouse is not entitled to a portion of my pension. Should my former spouse submit a valid claim at any time in the future, I will reimburse the MSPP for any costs or

entitled to a portion of my pension. Should my former spouse submit a valid claim at any time in the future, I will reimburse the MSPP for any costs or settlement made with my former spouse. In the case where my former spouse is entitled to a portion of my pension, I will submit a copy of the court order, family arbitration award or domestic contract such as a separation agreement.

I make this declaration knowing that InBenefits will rely upon it to process my application for a benefit.

Signed this	day of		, 20				
•	Day	Month	Year				
Signature of Applicant			Signature of Witness				
Name of Applicant (PRINT)			Name of Witness (PRINT)				
	The Witness ca	The Witness cannot be someone who would receive a benefit under this declaration.					
		КЕЕР А СОРУ ОГ	THIS FORM FOR YOUR RECORDS				