

# DECLARATION OF MARITAL STATUS

## MANITOBA

### Section 1: Please read this section and check one box if applicable.

I have a "spouse" as defined in the Multi-Sector Pension Plan ("MSPP"). My spouse is a person of the same or opposite sex, with whom:

- I am married.
- I have a registered common-law relationship pursuant to section 13.1 of the Vital Statistics Act of Manitoba; OR I am not married but I have cohabited in a conjugal relationship:
- (i) for a period of at least three years, if either of us are married; or
  - (ii) for a period of at least one year, if neither of us are married.

### Section 2: Please check only one of the boxes below and provide any information required.

1. My spouse, as defined above is:

Spouse's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

The start date of our relationship/date of marriage was \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

(Attach proof of spouse's age and proof of relationship ONLY if you are applying for a monthly pension.)

**OR**

2. There is no person who comes within the definition of "spouse" as 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 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 cannot be someone who would receive a benefit under this declaration.**

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS**