

# DECLARATION OF MARITAL STATUS

## NEWFOUNDLAND & LABRADOR

**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; OR I am married by a marriage that is voidable and has not been voided by a declaration of nullity.
- I have gone through a form of marriage, in good faith, that is void and with whom I am cohabiting or with whom I have cohabited with during the preceding year; OR I have cohabited continuously in a conjugal relationship for not less than three years, and my spouse is the Spouse of another person; OR I have cohabited continuously in a conjugal relationship for not less than one year, and my spouse is not the Spouse of another person.

**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**