DECLARATION OF MARITAL STATUS
NOVA SCOTIA

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 annulled by a declaration of nullity.

☐ I have gone through a form of marriage, in good faith, that is void and we are cohabiting or, we have cohabited within the last twelve-month period; OR I am a domestic partner within the meaning of Section 52 of the Nova Scotia Vital Statistics Act; OR I am not married, but with whom I am cohabiting in a conjugal relationship and have done so continuously for at least:

(A) three years (one of us is married), or
(B) one year, (neither of us is 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

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