

ا¶B InBenefits

## **DECLARATION OF MARITAL STATUS** NEW BRUNSWICK

Section 1: Please read this section and check one box if applicable.	
I have a "spouse" as defined in the Multi-Sector Pension Plan ("M	ISPP"). 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 voida	ble and has not been voided by a declaration of nullity.
I have gone through a form of marriage, in good faith, that married but with whom I am cohabiting in a conjugal relation	is void and with whom I have cohabited within the preceding year; OR I am not tionship for a continuous period of at least two years.
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: / / / /	/ 
The start date of our relationship/date of marriage wa	
(Attach proof of spouse's age and proof of relationshi	p ONLY if you are applying for a monthly pension.)
2. There is no person who comes within the definition of "spouse" as defined above.	
Section 3: Applicant to date and sign. Witness to sign.	
FOR ALL APPLICANTS: I make this declaration knowing that InBenefits will rely upon it to process my application for a benefit.	
FOR APPLICANTS 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.	
Signed this day of Day Month	, 20 
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	