

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: _____ / _____ / _____
YYYY MM DD

The start date of our relationship/date of marriage was _____ / _____ / _____
YYYY MM DD

(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 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 _____, 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