

Declaration of Marital Status by Member

PO Box 1700 STN CSC

Victoria BC V8W 2Y2

Name of member (please print): _____

Employee Number: _____

Your choice of benefit (or its amount) may be affected by whether or not you have a current or former spouse, and in some cases a waiver or consent form may be required. For example, under the *Pension Benefits Standards Act* of British Columbia, benefits earned under the University of Victoria Combination Pension Plan must be paid as at least a 60% joint and survivor pension unless the member's spouse waives their entitlement. **This form must therefore be completed in its entirety, signed by the member, witnessed in the 90 days preceding payment of a benefit and filed with Pension Services.**

Definitions of Spouse

Persons are spouses for the purposes of this Act on any date on which one of the following applies:

- (a) they
 - (i) are married to each other, and
 - (ii) have not been living separate and apart from each other for a continuous period longer than 2 years;
- (b) they have been living with each other in a marriage-like relationship for a period of at least 2 years immediately preceding the date.

DECLARATION(Complete both AREA I and AREA II)**AREA I****I hereby certify that, as of the date of this declaration,**☐ I **DO NOT** have a spouse as defined above (go to AREA II)☐ the person named below is my spouse (go to AREA II):

Name of Spouse: _____

Date of Birth: _____ SIN: _____

AREA II**I hereby certify that:****A)**☐ I **DO NOT** have a (former) Spouse who is entitled to a share of my pension pursuant to a court order or written agreement.**B)**☐ the person named below has an entitlement to a share of my pension as a result of the breakdown of our relationship (please attach a copy of the court order or written agreement):

Name of (former) Spouse: _____

Date of Birth: _____ SIN: _____

Last known address of (former) Spouse: _____

I hereby acknowledge that, I am required to notify Pension Services if any of the above information changes from the time I sign this form to the date I commence a benefit.

Dated this _____ day of _____, 20____. _____

Signature of Member

Print Name of Witness (age 19 or over)_____
Signature of Witness_____
Print Address of Witness