

Declaration of Marital Status by Member

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 Money Purchase 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