

# UNIVERSITY OF VICTORIA STAFF PENSION PLAN

Pension Office

## 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 Staff 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 the Pension Office.**

### 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 the Pension Office 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