



Application for Spouse's Pension – Members of the Legislative Assembly Pension Plan

Identification of Deceased Member and Applicant

DECEASED MEMBER'S SURNAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:
SPOUSE'S SURNAME (APPLICANT):	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:
MAILING ADDRESS LINE 1:		TELEPHONE NUMBER:
MAILING ADDRESS LINE 2:	CITY/TOWN:	PROVINCE:
		POSTAL CODE:

Identification of Eligible Children

List all children under 18 years of age, or up to 25 years of age if attending university (attach additional sheet if necessary).

PLEASE NOTE: The Income Tax Act (ITA) states that children between the ages of 18 and 25 attending university cease to be eligible for a survivor benefit if they are not in full-time attendance at an educational institution.

NAMES OF CHILDREN	BIRTHDATE(S) (D/M/Y)	SOCIAL INSURANCE NUMBER(S)

PLEASE MAKE NOTE OF THE FOLLOWING

Under the Members of the Legislative Assembly Pension Plan, "spouse" means either of two persons who (i) are married to each other; (ii) are married to each other by a marriage that is voidable and has not been annulled by a declaration of nullity; (iii) have gone through a form of marriage with each other, in good faith, that is void and are cohabiting or, where they have ceased to cohabit, have cohabited within the twelve-month period immediately preceding the date of entitlement, (iv) neither of them being married, are cohabiting in a conjugal relationship of at least two years with each other, or (v) are domestic partners within the meaning of Section 52 of the *Vital Statistics Act*.

- I understand that in order to receive survivor benefits, I must be a "spouse" as defined under the *Members' Retiring Allowances Act* or a "domestic partner" as defined under the *Vital Statistics Act*.

Spouse's Declaration – Check either (A) **OR** (B) **OR** (C)

- (A) Please check here if your relationship to the deceased was common-law spouse. A "Statutory Declaration of Common-law Relationship" package will be sent to you for completion. (You do not need to complete the declaration below.)
- OR**
- (B) Please check here if you were a Domestic Partner registered under the *Vital Statistics Act*. You must submit a copy of the "Form A – Declaration of Domestic Partnership" under Section 53 of the *Vital Statistics Act*. (You do not need to complete the declaration below.)
- OR**
- (C) Please check here if you were legally married to the deceased and complete the declaration below.

Declaration – Complete, Sign & Date

I, _____, was married to the late _____ on

APPLICANT'S NAME DECEASED'S NAME

 DATE OF MARRIAGE (DAY/MONTH/YEAR)

My spouse died on _____

 DATE OF DEATH (DAY/MONTH/YEAR)

(attach a copy of death certificate, and marriage certificate) and at the time of his/her death I declare that I was his/her surviving spouse as defined under the Members Retiring Allowances Act. I MAKE THIS DECLARATION conscientiously believing it to be true and by virtue of "The Canada Evidence Act".

X

 SIGNATURE OF APPLICANT

 DATE