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nspension Services Corporation

Application for Survivor's Pension - Members of the Legislative Assembly Pension Plan

Identification of Deceased Member

DECEASED MEMBER'S SURNAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:

DATE OF DEATH (D/M/Y):

Identification of Spouse (if applicable) – See definition of spouse below**

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:

**Under the Members of the Legislative Assembly Pension Plan, "spouse" is defined as 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 year 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*.

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

(A) ☐ My relationship to the deceased was common-law spouse. Please complete the "Statutory Declaration of Common-law Relationship" form.

(B) ☐ I and the deceased member were Domestic Partners registered under the Vital Statistics Act. Please submit a copy of your Declaration of Domestic Partnership

(C) ☐ I was legally married to the deceased member. Please complete the declaration section below:

I, _____ was married to _____ on _____ .
SPOUSE'S NAME — DECEASED MEMBER'S NAME — DATE OF MARRIAGE (DAY/MONTH/YEAR)

Identification of Eligible Children (if applicable)

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 students between the ages of 18 and 25 attending university cease to be eligible for a survivor benefit if they are not in continuous full-time attendance at an educational institution.

NAME(S) (APPLICANT)	BIRTHDATE(S) (D/M/Y)	SOCIAL INSURANCE NUMBER(S)

Applicant's Signature

x _____
SIGNATURE OF APPLICANT (or GUARDIAN IF ELIGIBLE CHILD IS UNDER AGE 18)

_____
DATE