

**SPOUSAL
DECLARATION**

PERSON ID

INSTRUCTIONS FOR PLAN MEMBER

- We cannot pay your pension until we receive this completed form.
- This form **MUST** be completed whether you are single, living in a marriage-like relationship or legally married.
- If your spousal relationship(s) changes after you submit this form, but before your retirement date, contact the WorkSafeBC Pension Plan, as you will need to complete a new *Spousal Declaration*.
- **The provision of untrue, inaccurate or misleading information on this form may result in civil sanctions or criminal penalties, and may impact the payment of your pension.**
- For more information about declaring your marital status at retirement, visit the plan website.

WorkSafeBC Pension Plan

PO Box 9460, Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Toll-free in Canada/U.S 1 888 440-0111

Fax 250 953-0433

Email worksafebc@pensionsbc.caWeb worksafebc.pensionsbc.ca**1 — PERSONAL INFORMATION***(must be completed)*

If label is enclosed attach it here.
Correct any wrong information.

If you are not attaching a label please
complete the information by hand.



PLAN MEMBER FIRST AND LAST NAME

PERMANENT MAILING ADDRESS *(include street)*

CITY OR TOWN

PROVINCE

POSTAL CODE

2 — CURRENT SPOUSAL RELATIONSHIP DECLARATION

I have read and understand the definition of spouse on page 2. Declare your spousal relationship by checking (✓) **one** below.

I **do not** have a **CURRENT** spouse **OR** I **do** have a **CURRENT** spouse. *If so, complete below:*

Current Spouse Last Name *(if applicable)*

Current Spouse First Name

Current Spouse Date of Birth
YYYY-MM-DD**3 — FORMER SPOUSAL RELATIONSHIP DECLARATION**

Declare your former spousal relationship by checking (✓) **one** below.

I **do not** have a **FORMER** spouse who is entitled to a portion of a my pension **OR** I **do** have a **FORMER** spouse or spouses entitled to a portion of my pension. *If so, complete below:*

If you and your former spouse have a separation agreement or court order that explains how your pension should be split, you must send a clear and complete copy to the plan. If you have more than one former spouse or more than one separation agreement or court order, send a copy of each document.

Former Spouse Last Name(s)	Former Spouse First Name(s)	Former Spouse Date of Birth YYYY-MM-DD	Documents – check (✓) one below
			<input type="checkbox"/> Copy of separation agreement or court order attached <input type="checkbox"/> Copy of separation agreement or court order was submitted
			<input type="checkbox"/> Copy of separation agreement or court order attached <input type="checkbox"/> Copy of separation agreement or court order was submitted

4 — SIGNATURE: This form must be signed no earlier than 90 days before your pension effective date.

I declare that the information on this form is, to the best of my knowledge, true, complete and accurate.

PLAN MEMBER SIGNATURE

DATE SIGNED

YYYY-MM-DD

DEFINITION OF SPOUSE

Persons are spouses for the purposes of the *Pension Benefits Standards 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.

EXPLANATORY NOTE:

Circumstances where spouses live apart due to work commitments or as a result of illness means, for pension purposes, that they are not living separate and apart.

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.