

## Declaration of Spousal Status

Public Service Pension Plan (PSPP)

Complete this form when you join the PSPP, when you leave the PSPP, or if you terminate and elect a deferred pension, and whenever there is a change in your spousal status.

OPB client number

### OPB client information

OPB client last name (please print) <input style="width: 95%; height: 25px;" type="text"/>	OPB client first name <input style="width: 95%; height: 25px;" type="text"/>	Initials <input style="width: 95%; height: 25px;" type="text"/>
I am:		Contact telephone <input style="width: 95%; height: 25px;" type="text"/>
<input type="checkbox"/> Joining the PSPP	<input type="checkbox"/> Changing spousal status	
<input type="checkbox"/> Terminating PSPP membership	<input type="checkbox"/> Applying for a post-retirement survivor pension	

Spousal status must be determined before any pension or death benefits can be paid out. If you have established a spousal relationship **after** retirement and you are applying for a survivor pension for your new spouse, complete Section B. on page 2.

### Section A. Complete if you do not have a spouse

I, _____ OPB client (first and last name)	of _____ City/town	in _____ Province
declare that I am: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
The date of my separation, divorce, or spouse's death was		Date (YYYYMMDD) <input style="width: 95%; height: 25px;" type="text"/>
My former spouse and I are living separate and apart: <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e., you are not living together due to the termination of the spousal relationship)		

### Sign and date (it is a serious offence to make a false declaration)

I make this declaration conscientiously believing it to be true.	
_____ OPB client signature	Date signed (YYYYMMDD) <input style="width: 95%; height: 25px;" type="text"/>



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**Section B. Complete if you have a spouse**

Spouse last name (please print)	Spouse first name	Initials
Spouse birth date (YYYYMMDD) <span style="float: right;">Please attach proof of your spouse's birth date, if not already provided to OPB (e.g., driver's licence, birth certificate or passport).</span>		
I, _____ of _____ in _____		
OPB client (first and last name)	City/town	Province
I, _____ of _____ in _____		
Spouse (first and last name)	City/town	Province
declare that we are <u>not</u> living separate and apart; AND		
<input type="checkbox"/> We are legally married to each other. A copy of our marriage certificate is attached, OR		
<input type="checkbox"/> We have lived with each other, in a conjugal relationship:		
<input type="checkbox"/> continuously for a period of not less than three years, OR		
<input type="checkbox"/> in a relationship of some permanence, and we are the parents of a child as set out in section 4 of the <i>Children's Law Reform Act</i>		
The date of our marriage or commencement of our conjugal relationship		Date (YYYYMMDD)
Note: If you do not have a marriage certificate, or to confirm your conjugal relationship, we require a signed OPB 3010 - Affidavit of Spousal Status.		

**Sign and date** (it is a serious offence to make a false declaration)

We make this declaration conscientiously believing it to be true.		
		Date signed (YYYYMMDD)
_____	_____	
OPB client signature	Spouse signature	

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used to administer pension benefits. For more information or if you have any questions, contact Client Services or our Privacy Officer at:

**Telephone** 416-364-5035 or **toll-free** 1-800-668-6203 (Canada & USA) | **Fax** 416-364-7578 | **OPB.ca**