Affidavit of Spousal Status

Public Service Pension Plan (PSPP)

To confirm common-law relationships or when proof of marital status documentation is not available. Contact OPB to confirm that you need this affidavit.

This form must be completed, signed, and dated in the presence of a commissioner for taking affidavits.

OPB client number

OPB client information

OPB client last name (please print) | OPB client first name | Initials

Section A. To be completed by OPB client and their spouse

I, _____ (OPB client (first and last name)) of _____ (City/Town) in _____ (Province)

I, _____ (Spouse (first and last name)) of _____ (City/Town) in _____ (Province)

declare that we are not living separate and apart; AND

☐ we are legally married to each other, but do not have a marriage certificate;

OR

☐ we have lived with each other, in a conjugal relationship:

- ☐ continuously for a period of not less than three years, OR
- ☐ in a relationship of some permanence, and we are the parents of a child as set out in section 4 of the *Children's Law Reform Act*

The date of our marriage or commencement of our conjugal relationship was Date (YYYYMMDD)

At least one of the following statements describes our conjugal relationship (check all that apply):

- ☐ We have jointly signed a residential lease or mortgage agreement relating to the residence in which we both live.
- ☐ We have declared each other as spouses on federal income tax returns for the last 3 years.
- ☐ We have listed each other as beneficiaries on our latest life and/or benefit insurance forms.
- ☐ We have a third party who can attest in writing to our spousal status.
- ☐ We are are the parents of a child as set out in section 4 of the *Children's Law Reform Act*.

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

This section must be signed and dated in the presence of a commissioner for taking affidavits.

We hereby declare that the information on this affidavit is true and complete.

Date signed (YYYYMMDD)

_____ OPB client signature

_____ Spouse signature

Ontario Pension Board 200 King Street West, Suite 2200, Toronto ON M5H 3X6

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Section B. To be completed by a commissioner for taking affidavits

Complete BOX 1 **OR** BOX 2

Note: The date signed by the Commissioner below must match the date on which the OPB client and their spouse signed on page 1.

BOX 1 - To be completed if oath or affirmation is administered in person

By _____ in the _____

Full name of OPB client (person making oath or affirmation)

Full name of municipality where commissioner was located at time of administering (e.g. City of Toronto)

in the province/territory of _____ on | | | | | | | | |

Province/territory

Date (YYYYMMDD)

_____ _____ | | | | | | | | |

Commissioner signature

Commissioner name

Date commission expires (If the commission is for a limited period)

BOX 2 - To be completed if oath or affirmation is administered remotely

SWORN OR AFFIRMED BEFORE ME

By _____ in the _____

Full name of OPB client (person making oath or affirmation)

Full name of municipality where commissioner was located at time of administering (e.g. City of Toronto)

in the province/territory of _____ on | | | | | | | | |

Province/territory

Date (YYYYMMDD)

The oath or affirmation was administered remotely in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely*. At the time of administering, the person making the oath or affirmation was located in:

_____ in the province/territory of _____

Full name of municipality where person making the oath or affirmation was located at time of administering (e.g. City of Toronto)

Province/territory

_____ _____ | | | | | | | | |

Commissioner signature

Commissioner name

Date commission expires (If the commission is for a limited period)

Note: There may be a cost associated with obtaining a commissioner's signature. A commissioner for taking affidavits is a person authorized to take your oath or affirmation when you sign this form. This includes lawyers, judges, paralegals, Justices of the Peace, MPPs and some municipal clerks and officials. For more information on who qualifies, contact your municipality or the Government of Ontario. Outside of Ontario, this affidavit must be sworn or affirmed before a person authorized to administer oaths or affirmations in your location.

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used only 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**