

IRONWORKERS LOCAL 97 PENSION PLAN

101-4190 Lougheed Highway, Burnaby, BC V5C 6A8
Telephone: (604) 299-8136 / Toll Free 1-800-663-1356 / Facsimile: (604) 299-8136

SPOUSAL DECLARATION FORM

(Members residing in British Columbia)

I, _____, declare that I
(member's name - please print)

Please tick

do have a spouse as defined by the British Columbia Pension Benefits Standards Act

Name of Spouse

Spouse's Signature

do *not* have a spouse as defined by the British Columbia Pension Benefits Standards Act;

have an ex-spouse or ex-spouses [if yes, attach copy of divorce/separation agreement(s)]

Declaration of Notary/Witness:

I declare that I have known the applicant (undersigned) well enough to be confident that the statements made in this application are true.

Please find attached my photo ID (*required*)

Notarized Signature

Name of Notary/Witness

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Phone Number

Witness Address

According to the British Columbia Pension Benefits Act, the definition of a spouse is,

- (a) a person who at the relevant time was married to that other person, and who, if living separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately preceding the relevant time, or
- (b) if paragraph (a) does not apply, a person who was living and cohabiting with that other person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, and who had been living and cohabiting in that relationship for a period of at least 2 years immediately preceding the relevant time;

Date signed

Member SIN#

Member's Signature

Please Ensure "Photo-ID of Witness" is attached if you do not have a Spouse