



DECLARATION OF SPOUSAL RELATIONSHIP

1 Adelaide Street East, Suite 1200
Toronto ON M5C 3A7

Telephone: 416-681-6100 Toll-free: 1-800-637-0024
Email: email@optrust.com Website: optrust.com

Complete this form if you are the spouse of a deceased member of the OPSEU Pension Plan and believe you are entitled to spousal survivor benefits. You are responsible for any expense incurred in completing this declaration.

A – Deceased Member Information

Last Name	First Name
<input type="text"/>	<input type="text"/>
OPTrust ID	Date of Death (Day-Month-Year)
<input type="text"/>	<input type="text"/>

B – Your Information

Last Name	First Name		
<input type="text"/>	<input type="text"/>		
Mailing Address	City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Date of Birth (Day-Month-Year)		
<input type="text"/>	<input type="text"/>		

C – Your Declaration (complete in the presence of a Commissioner of Oaths or Notary Public)

I, of city/province

solemnly declare that I was the spouse of the member named above on the date the member died.

I was (choose married or common-law and complete): Date of Marriage (Day-Month-Year)

legally married to the member and we were living together as spouses.

OR

living with the member in a common-law relationship (choose one and complete):

continuously for at least 3 years, starting on date (Day-Month-Year)

OR

since date (Day-Month-Year) and we were the parents of a child;

and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature Date (Day-Month-Year)

To be completed by a Commissioner of Oaths or Notary Public in Ontario or, if sworn outside of Ontario, by a person authorized to administer oaths in that jurisdiction. If applicable affix your stamp or seal below.

SWORN before me at the city , province/country

Name of Commissioner/Notary

Signature of Commissioner/Notary

Date (Day-Month-Year)