DECLARATION OF SPOUSAL STATUS
(Ontario members)

This form must be completed when a member enrols in the pension plan, when there is a change in the member’s spousal status, and when a member wishes to retire. Members are required to complete all Sections under Part II and have a witness complete Part III.

PART I - TO BE COMPLETED BY THE ADMINISTRATOR

CONTRIBUTORY PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF MCMASTERR UNIVERSITY INCLUDING MCMASTER DIVINITY COLLEGE

NAME OF PENSION PLAN: MCMASTER DIVINITY COLLEGE

EMPLOYEE GROUP: __________________________

MEMBER: __________________________

Last name First name Employee ID Number

PART II - TO BE COMPLETED BY THE MEMBER

SECTION I – SPOUSAL STATUS OF MEMBER

AS OF THE DATE OF THIS DECLARATION:

1. a) Are you married and presently living with the person to whom you are married?
   - [ ] yes [ ] no; please proceed to question 2.
   b) Please identify that person to whom you are married (please print):

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Date of birth (Y/M/D)</th>
<th>Sex</th>
</tr>
</thead>
</table>

   If you answered "yes", please proceed to Section II.

2. a) Have you been living continuously with a person in a conjugal relationship for at least one year?
   - [ ] yes [ ] no; please proceed to question 3.
   b) Please identify that person (please print):

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Date of birth (Y/M/D)</th>
<th>Sex</th>
</tr>
</thead>
</table>

   c) When did you begin living together in a conjugal relationship?

   year/month/day

3. a) Are you and your partner the parents of a child as set in section 4 of the Children’s Law Reform Act?
   - [ ] yes [ ] no; please proceed to Section II.
   b) Please identify that person (please print):

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Date of birth (Y/M/D)</th>
<th>Sex</th>
</tr>
</thead>
</table>
SECTION II – PRIOR SPOUSAL RELATIONSHIPS

AS OF THE DATE OF THIS DECLARATION:

1. a) Do you have a former spouse or common-law partner from whom you are now separated or divorced?
   - [ ] Yes
   - [ ] No; please proceed to Section III

   b) Please identify that person (please print):

   Last name ____________________________     First name ____________________________

   c) Please indicate the date of your separation or divorce:

   Date of Separation: ____________________________
   year/month/day

   Date of Divorce: ____________________________
   year/month/day

2. Is there a court order, family arbitration award, separation agreement or other domestic contract, that provides your former spouse or common-law partner with an entitlement to receive a portion of your pension from the above-mentioned plan?
   - [ ] Yes
   - [ ] No

   If you answered "yes", please attach a copy of the court order, family arbitration award, separation agreement or other domestic contract.

SECTION III - DECLARATION OF MEMBER (please print)

I, the undersigned, ____________________________, member of the above-mentioned plan, hereby declare that the
(name of member)
information contained in this form is accurate.

__________________________________     ____________________________
Date                  Signature of member

PART III - TO BE COMPLETED BY A WITNESS

The witness must be of legal age.

DECLARATION OF WITNESS (please print)

I, the undersigned, ____________________________, hereby declare that:
(name of witness)

1. I personally know ____________________________ (name of member):  

2. To my knowledge, all of the information contained in this form is accurate;

3. I was present when the above-named member signed this form.

__________________________________     ____________________________
Date                  Signature of witness