Public Sector Pension Plan

APPLICATION FOR SPOUSAL PENSION (COMMON-LAW)

The spouse of a deceased member, vested former member or pensioner is entitled to spousal benefits as provided under Sections 13 and 13.1 of the Public Sector Pension Plan Act R.S.P.E.I. 1988, P-32.11.

In order to assess your eligibility for spousal benefits as a common-law partner, <u>ONE</u> of the following two Sections must apply to you at the date of death of the member, vested former member or pensioner ("Member"). Please check the section which applied to your relationship with the deceased Member.

wember.						
A. □	You were the common-law spouse of the Member as you lived together in a conjugal relationship for a continuous period of at least three years and were living together as such on the date of death of the Member. OR					
B	relationship and were living together as together you are the natural or adoptive	e Member as you lived together in a conjugal such on the date of death of the Member and parents of a child.				
Last Name	G SPOUSE'S INFORMATION	SIN				
Last Name		SIN				
First Name		Date of Birth				
		DD-MMM-YYYY				
Mailing Addre	ess	City				
Province		Postal Code				
E-mail		Telephone Number				
DECEASE	D MEMBER'S INFORMATION					
Full Name	D MEMBER O IN ORMATION	Social Insurance Number				
Date of Birth		Date of Death				
	DD/MMM/YYYY	DD/MMM/YYYY				
 DECLARATION At the time of the Member's death, I was the Spouse of the Member within the meaning of the Public Sector Pension Plan Act. I declare that the deceased Member and I: Were living together for a continuous period of at least three years, including the date of death of the Member, or Were living together in a conjugal relationship at the date of death of the Member and together were the natural or adoptive parents of a child. 						
I have included with this application an affidavit regarding the status of our relationship at the time of the Member's death. All information provided herein is true and correct in substance and in fact. I						

hereby apply for a surviving spouse allowance as provided for in the Public Sector Pension Plan Act.

APPL	CATION CHECKLIST - ALL applications must include the following:			
	An affidavit/solemn affirmation, in the provided form, confirming the existence of your common law relationship with the deceased Member at the date of death of the Member			
	Copy of the death certificate or funeral director's Statement of Death of the deceased Member			
	Copy of the surviving spouse's birth certificate or driver's license as proof of age			
	Copy of the deceased Member's birth certificate or driver's license as proof of age			
	Direct deposit form			
Income Tax will be withheld from your monthly benefit using the Basic Personal Credits as provided on the Federal Personal Tax Credits Return and the PEI Personal Tax Credits Return forms.				
If you wish to (a) claim additional credits to reduce the amount of income tax paid, or (b) request additional tax to increase the amount of income tax paid, please complete and return the following forms found at www.peipspp.ca > Forms:				
	Member Forms > 6 - Federal Personal Tax Credits Return (TD1)			
	Member Forms > 7 – <i>Prince Edward Island Personal Tax Credits Return (TD1PE).</i> If your province of residence is not PEI, please find the appropriate TD1 for your province of residence by going to www.canada.ca.			
YOU N	MUST ALSO INCLUDE			
A. If applying under <u>SECTION A</u> as chosen on page 1:				
	Proof that the Member and Applicant were claiming each other as common-law spouses on a T-1 General Income Tax and Benefit Return filed under the Income Tax Act (Canada) for the year preceding the date of application.			
B. If applying under <u>SECTION B</u> as chosen on page 1:				
	A copy of the long form birth certificate, an adoption order, or an equivalent document evidencing that the Member and Applicant were together the natural or adoptive parents of a child.			

This original application and <u>ALL</u> supporting documents should be sent to the following address:

Pensions and Benefits Department of Finance P.O. Box 2000, Charlottetown, PE C1A 7N8

Tel: (902) 368-4200

Freedom of Information and Protection of Privacy Act

Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of personal information, you may contact the: Director, Pensions & Capital Management, Department of Finance, P.O. Box 2000, Charlottetown, PEI C1A 7N8. Tel (902) 368-4200

CANADA

PROVINCE OF PRINCE EDWARD ISLAND

IN THE MATTER of an application for spousal benefits under sections 13 and 13.1 of the Public Sector Pension Plan Act, R.S.P.E.I. 1988, Cap. P-32.11.

AFFIDAVIT/SOLEMN AFFIRMATION

I,	of,					
,		viving Spouse City/Community				
		County, in the Province of Prince Edward Island,				
	C	ounty				
DO	HEREBY MAK	E OATH/SOLEMNLY AFFIRM AS FOLLOWS:				
1		and I cohabitated in a conjugal				
		Deceased Member				
		to a continuous marind form				
	relationship	for a continuous period from to Begin Date of Relationship				
	End Date of	Relationship				
2.	of determini	Under the <i>Public Sector Pension Plan Act</i> , "spouse" ("Spouse"), for the purposes of determining the existence of a common-law relationship, means an individua who, in respect of a member, vested former member or pensioner,				
	(a)	where the member, vested former member or pensioner is not married to anyone, is cohabitating with the member, vested former member or pensioner in a conjugal relationship and has done so continuously for a period of at least three years,				
	OR					
	(b)	where the member, vested former member or pensioner is not married to anyone, is cohabitating with the member, vested former				

member or pensioner in a conjugal relationship and together they are

the natural or adoptive parents of a child.

3.	In this affidavit/solemn affirmation, "Sp the <i>Public Sector Pension Plan Act</i> .	ouse" h	as the same meaning as set forth in			
4.	I am the surviving Spouse of		within the meaning			
		Deceased	Member			
	of the <i>Public Sector Pension Plan Ada</i> affidavit/solemn affirmation.	t and ir	n particular paragraph 2 of this my			
5.		nd I we	re cohabitating as Spouses of			
	Deceased Member					
	each other on the date of his/her death	۱.				
3.	To the best of my knowledge,		was not			
	Deceased Member					
	married to another person during our affidavit/affirmation.	cohabi	tation period referred to in this my			
7.	I swear/affirm this affidavit/solemn at surviving Spouse benefits in accordant Sector Pension Plan Act, and for no of	nce with	sections 13 and 13.1 of the Public			
Charle of Pri	n to/solemnly affirmed before me at ottetown, Queens County, Province nce Edward Island, thisf)))))				
A Commissioner for taking Oaths and Affidavits in the Province of Prince Edward Island)	Surviving Spouse – Signature			
			Print Name			

PUBLIC SECTOR PENSION PLAN

Direct Deposit Form

PART A – APPLICANT INFORMATION:						
SOCIAL INSURANCE NUMBER:						
LAST NAME:						
FIRST NAME & INITIAL:						
I hereby authorize and request the Public Sector Pension Plan to electronically deposit my pension payroll cheque with the financial institution specified below.						
Signature	Date	DD-MMM-YYYY				

PART B – BANK INFORMATION:

Please attach an unsigned cheque clearly marked "VOID" or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:
Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8