



**UNITED FOOD & COMMERCIAL WORKERS PENSION PLAN
(LOCAL 1991-P)**

Declaration of Marital Status Form

Information on Member

<div></div>	<div></div>	<div></div>
Last Name	First Name	Date of Birth (yyyy-mm-dd)

Information on Employer

Employer Name

Definition of Spouse

According to the definition of the plan, the spouse is defined as the person who:

- i) is married or in a civil union with the member; or
- ii) has been living in a conjugal relationship with the member who is neither married nor in a civil union, whether the person is of the opposite or the same sex, for a period of not less than three years, or for a period of not less than one year if:
 - at least one child is born or to be born of their union; or
 - they have adopted jointly at least one child while living together in a conjugal relationship; or
 - one of them has adopted at least one child who is the child of the other during that period; or
 - the member is subject to the rules of federal pension legislation (employees of Transport Bourret Inc.).

In accordance with pension benefits legislation and the terms of the plan, your spouse may be entitled to certain benefits following your death, regardless of any other beneficiary(ies) you have named. Benefits not payable to your Spouse will be paid to your named beneficiary(ies) or to your estate, as applicable

Member Declaration

I DECLARE THAT, at the date of the present declaration:

- ☐ I have a spouse who meets the definition above.
- ☐ I do not have a spouse who meets the definition above.

If your change of marital status follows the death of you spouse, please indicate the date of death and provide proof of death:

Date of death (yyyy-mm-dd)

I DECLARE THAT there is no judgment of divorce or agreement granting entitlements to an ex-spouse or if such judgment or agreement exists, it has been provided to the administrator of the plan.

Important

It is your duty to forward to the plan administrator any judgment of divorce or agreement granting entitlements to a former spouse. If you have any doubts regarding a person's eligibility as a spouse for the purposes of the pension plan, please contact the plan administrator.

<div></div>	<div></div>	<div></div>
Signature of Member	Date (yyyy-mm-dd)	Phone Number
<div></div>	<div></div>	<div></div>
Signature of Witness ¹	Date (yyyy-mm-dd)	Name of witness, printed

¹ The spouse identified below, if applicable, cannot witness the member's signature.



Spousal Information (if applicable)

<input type="text"/>		<input type="text"/>	
Last Name		First Name	
<input type="text"/>			
Residential Address (Number, Street, Apartment)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Province	Postal Code	
<input type="text"/>	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Civil union (Quebec only)	
Date of Birth (yyyy-mm-dd)	<input type="text"/>		

The information requested on this form is necessary for the administration of the plan and is held in a secure computer system. Only staff members authorized by the pension committee have access to it.

Please send this form to: Member Services Center

SAI Actuarial Services
201 Laurier Ave E suite 430
Montreal, Quebec H2T 3E6

Secure submission via ShareFile: Please send us an email at
tuac1991p@saiinc.ca to receive a secure link.