

APPLICATION 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 – *Prince Edward Island Personal Tax Credits Return (TD1PE)*. 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 MUST ALSO INCLUDE

A. If applying under SECTION A 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 SECTION B 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 ALL 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

C A N A D A

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 _____,
Surviving Spouse City/Community
_____ County, in the Province of Prince Edward Island,
County

DO HEREBY MAKE OATH/SOLEMNLY AFFIRM AS FOLLOWS:

1. _____ and I cohabitated in a conjugal
Deceased Member

relationship for a continuous period from _____ to
Begin Date of Relationship

End Date of Relationship

2. Under the *Public Sector Pension Plan Act*, "spouse" ("Spouse"), for the purposes of determining the existence of a common-law relationship, means an individual 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, "Spouse" has the same meaning as set forth in the *Public Sector Pension Plan Act*.

4. I am the surviving Spouse of _____ within the meaning

Deceased Member

of the *Public Sector Pension Plan Act* and in particular paragraph 2 of this my affidavit/solemn affirmation.

5. _____ and I were cohabitating as Spouses of

Deceased Member

each other on the date of his/her death.

6. To the best of my knowledge, _____ was not

Deceased Member

married to another person during our cohabitation period referred to in this my affidavit/affirmation.

7. I swear/affirm this affidavit/solemn affirmation in support of my application for surviving Spouse benefits in accordance with sections 13 and 13.1 of the *Public Sector Pension Plan Act*, and for no other or improper purpose.

Sworn to/solemnly affirmed before me at)
Charlottetown, Queens County, Province)
of Prince Edward Island, this _____)
day of _____, 20_____.)
))
))
))

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