Civil Service Superannuation Fund APPLICATION FOR SPOUSAL PENSION (MARRIED)

The "Spouse" (defined on page 2) of a deceased member, vested former member or pensioner is entitled to spousal pension as provided under Section 13(1) of the Civil Service Superannuation Act R.S.P.E.I. 1988, C-9.

SURVIVING SPOUSE'S INFORMATION

Last Name	Social Insurance Number
First Name	Date of Birth
	DD-MMM-YYYY
Mailing Address	City
Province	Postal Code
Trovince	i ostal oode
E-mail	Telephone Number
	XXX-XXX-XXXX
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### **DECEASED MEMBER'S INFORMATION**

Full Name	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 *Civil Service Superannuation Act*. I declare that the deceased Member and I had together never:

- obtained a divorce judgement, or
- been party to a marriage breakdown either under a domestic contract or pursuant to the *Family Law Act*, R.S.P.E.I. 1988, Cap. F-2.1, which addresses pension assets.

All information provided herein is true and correct in substance and in fact. I hereby apply for a surviving spousal pension as provided for in the *Civil Service Superannuation Act*.

Signature of Surviving Spouse

DD-MMM-YYY

**For Dependent Child eligibility, please refer to the CSSF Application for Dependent Allowance

### **APPLICATION CHECKLIST - ALL** applications must include the following:

□ An affidavit/solemn affirmation, in the provided form, confirming the existence of your marriage to the deceased Member at the date of death of the Member

#### PLEASE NOTE

If you require one of our staff to act as a Commissioner of Oaths and Affidavits, you must call ahead and book an appointment: (902)368-4200.

- □ 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
- □ Copy of your marriage certificate
- □ Completed <u>direct deposit form</u>
- □ Completed <u>Federal Personal Income Tax Credits Return</u> (TD1)
- Completed <u>PEI Personal Income Tax Credits Return</u> (TD1PE If your province of residence is not PEI, please complete the form for your <u>province of residence</u>)

#### Definition of "Spouse"

Pursuant to Section 1(p) of the Civil Service Superannuation Act, a "**spouse**" means an individual who, with respect to a plan member or vested former member,

- (i) is married to the plan member or vested former member or
- (ii) has entered into a marriage with the member or vested former member that is void or voidable

This application and <u>ALL</u> supporting documents should be sent to the following address: Pension and Benefits P.O. Box 2000 Charlottetown, PE C1A 7N8

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: Manager of Pension & Benefits

P.O. Box 2000 Charlottetown, PEI C1A 7N8 Tel (902) 368-4200

CSSF SPOUSAL APPLICATION PKG - MARRIED v.2020-03-18.docx

**IN THE MATTER** of an application for spousal benefits under section 13 of the *Civil Service Superannuation Act*, R.S.P.E.I. 1988, Cap. C-9.

## **AFFIDAVIT/SOLEMN AFFIRMATION**

I,	, of		
	Surviving Spouse	City/Community	
	County, in the	e Province of Prince Edward Island,	
	County		
DOł	HEREBY MAKE OATH/SOLEMNLY AFFIRM AS	S FOLLOWS:	
1.	In this affidavit/solemn affirmation, "Spouse" I the <i>Civil Service Superannuation Act</i> .	nas the same meaning as set forth in	
2.	I am the surviving Spouse of	within the meaning	
	Deceased Member		
	of the Civil Service Superannuation Act.		
3 and I were married and conti		ere married and continued to be	
	Deceased Member		
	married on the date of his/her death.		
4.	I swear/affirm thata	nd I have never undergone a separatior	
	that specifies the treatment of pension benefi	its, or have divorced.	
5.	I swear/affirm this affidavit/solemn affirmation in support of my application for surviving Spouse benefits in accordance with section 13 of the <i>Civil Service Superannuation Act</i> , and for no other or improper purpose.		
Quee	n to/solemnly affirmed before me at Charlottetown, ens County, Province of Prince Edward Island, this day of		
		) Surviving Spouse - Signature	
A Co Affida	mmissioner for taking Oaths and avits in the Province of Prince Edward Island	) Print Name	

# **CIVIL SERVICE SUPERANNUATION FUND**

Direct Deposit Form

### PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME:

FIRST NAME & INITIAL:_____

I hereby authorize and request the Civil Service Superannuation Fund 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