

# 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 Section 13(1) of the Public Sector Pension Plan Act R.S.P.E.I. 1988, C-9.

In order to assess your eligibility for spousal benefits as a common-law partner, **ONE** 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.

**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.**  You were the common-law spouse of the Member as you lived together in a conjugal relationship and were living together as such on the date of death of the Member and together you are the natural or adoptive parents of a child.

### SURVIVING SPOUSE’S INFORMATION

Last Name	SIN  _ _ _ _ _ _ _ _ _ _ _ _ _ _
First Name	Date of Birth DD-MMM-YYYY
Mailing Address	City
Province	Postal Code
E-mail	Telephone Number ( )

### DECEASED MEMBER’S INFORMATION

Full Name	Social Insurance Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _
Date of Birth DD/MMM/YYYY	Date of Death 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*.

\_\_\_\_\_  
Signature of Surviving Spouse

DD-MMM-YYYY  
\_\_\_\_\_  
Date

**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
- Completed [direct deposit form](#)
- Completed [Federal Personal Income Tax Credits Return](#) (TD1)
- Completed [Provincial Personal Income Tax Credits Return](#) (TD1PE – If your province of residence is not PEI, please complete the form for your [province of residence](#))

**YOU MUST ALSO INCLUDE**

**A. If applying under SECTION A as chosen on page 1:**

- Filed income tax returns for the three years preceding the date of the Member's death, naming the surviving spouse as their common-law partner.

**OR**

- Cohabitation Agreement (Domestic Contract) that has existed for at least three years leading up to the death of the deceased Member.

**B. If applying under SECTION B as chosen on page 1:**

- The long (detailed) form birth certificate of a natural or adoptive child to whom you are both the named parents.

---

**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: Manager of Pensions & Benefits, 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 section 13 of the *Public Sector Pension Plan Act*, R.S.P.E.I. 1988, Cap. C-9.

**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 section 13 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

**PLEASE print off the two (2) Income Tax Forms on the website (TD1 and TD1PE) and attach them to this spousal pension application.**