

Spousal status declaration for deceased contract owner



Locked-in funds in Alberta

1 Contract owner information

First name of the deceased contract owner	Middle name	Last name	Contract number
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Spouse definition

Employment Pension Plans Act of Alberta	Spousal status:	Spousal status is established as of the day preceding the death of the contract owner
	Pension Partner:	The pension partner of a contract owner is the person who, on the day of reference under consideration: <ul style="list-style-type: none"> (a) is married to the contract owner and who have not been living separate and apart for three (3) or more consecutive years immediately preceding the date of death; or (b) if there is no such person as in (a) above, has lived together with the contract owner in a conjugal relationship <ul style="list-style-type: none"> i) for a continuous period of at least three (3) years immediately preceding the date of death; or ii) of some permanence if there is a child of the relationship by birth or adoption.

2 Claimant's statement

I have read and fully understand the definition of pension partner as set out above. I confirm that,

Please check one box only:

- at the contract owner's date of death, I fulfilled the conditions required to be considered the contract owner's spouse for the purpose of entitlement to the death benefit or the survivor benefits as applicable.
- at the contract owner's date of death, I was the designated beneficiary and to the best of my knowledge, no person fulfilled the conditions required to be considered the contract owner's pension partner.
- at the contract owner's date of death, I was, and continue to be, the executor/liquidator and, to the best of my knowledge, no person fulfilled the conditions required to be considered the contract owner's pension partner or has been designated as a beneficiary.

I, the undersigned claimant, certify that the above statements are true, correct and complete to the best of my knowledge. I recognize that a false declaration could result in legal procedures against me.

Signature of claimant X		Date (dd-mm-yyyy) - -	
First name (please print)	Last name (please print)	Date of birth (dd-mm-yyyy) - -	
Resident address (street number and name)		Apartment or suite	Telephone number - -
City	Province/state	Country	Postal code/ZIP