

# Spousal status declaration for deceased contract owner



Locked-in funds in British Columbia

## 1 Contract owner information

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

Pension Benefits Standards Act of British Columbia	Spousal status:	Spousal status is established as of the day preceding the death of the contract owner
	Spouse:	<p>The <b>spouse</b> of a contract owner is the person who, on the day of reference under consideration:</p> <p>(a) was married to the contract owner and who, if living separate and apart from the contract owner at the relevant time, had not lived separate and apart from the contract owner for the two-year period immediately preceding the relevant time, or, if there is no such person described in this definition</p> <p>(b) the person who, at the relevant time, was living and cohabiting with the contract owner as husband and wife for the two-year period immediately preceding the relevant time, or</p> <p>(c) a person of the same gender who, at the relevant time, lived in a marriage-like relationship with the contract owner for the two-year period immediately preceding the relevant time.</p>

## 2 Claimant's statement

I have read and fully understand the definition of spouse 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 am the designated beneficiary and to the best of my knowledge, no person fulfilled the conditions required to be considered the contract owner's spouse / common-law partner.
- at the contract owner's date of death, I am the executor/liquidator and to the best of my knowledge, no person fulfilled the conditions required to be considered the contract owner's spouse / common-law partner.

I, the undersigned claimant, certify that the above statement is 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