

# Spousal status declaration for deceased contract owner



Locked-in funds in Nova Scotia

## 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 Act of Nova Scotia	<b>Spousal status:</b>	<b>Spousal status</b> is established as of the day preceding the death of the contract owner.
	<b>Spouse:</b>	The <b>spouse</b> of a contract owner, means on the day of reference under consideration, the person who: (a) is married to the contract owner, or (b) is married to the contract owner by a marriage that is voidable and has not been annulled by a declaration of nullity, or (c) has gone through a form of marriage with the contract owner, in good faith, that is void, and they are cohabiting in a conjugal relationship or, if they have ceased to so cohabit, have cohabited in a conjugal relationship within the twelve-month period immediately preceding the entitlement date.
	<b>Common-law partner:</b>	The <b>common-law partner</b> , means on the day of reference under consideration, the person who is and has been cohabiting with the contract owner in a conjugal relationship for a period of at least two years, neither of them being a spouse.

## 2 Claimant's statement

I have read and fully understand the definition of spouse / common-law 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 spouse/common-law 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 spouse/common-law 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