

Spousal status declaration for deceased contract owner



Locked-in funds in New Brunswick

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 New Brunswick	Spousal status:	Spousal status is established as of the day preceding the death of the contract owner.
	Spouse:	The spouse 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 avoided 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 has cohabited within the twelve-month period immediately preceding the date of entitlement.
	Common-law partner:	The common-law partner of a contract owner, means on the day of reference under consideration, the person who (a) is not married to the contract owner but has cohabited with the contract owner in a conjugal relationship for a continuous period of at least two years immediately preceding the date of entitlement.

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 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.
- 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 or has been designated as a beneficiary.

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 action taken 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