

# Declaration of Spousal Separation

(Please Print Clearly)

This Declaration is to be completed by a member for the purpose of declaring to the Universities Academic Pension Plan that the member's former spouse should be removed as beneficiary to any pension benefit payable from the Plan upon the member's death. Please read the "Definition of Spouse" on the reverse of this form prior to completing this Declaration.

I, \_\_\_\_\_, of \_\_\_\_\_  
 Full Name of Member Mailing Address

1. As of \_\_\_\_\_ I am married to, but have been separated from \_\_\_\_\_  
 Effective Date Full Name of Separated Spouse

for more than three consecutive years, and:

- (a) my separated spouse is not wholly or substantially dependent on me; and
- (b) I have not received and am not aware of any matrimonial property order of any court affecting the payment of my pension benefits to my separated spouse, whether filed under the Plan or not, and I am not aware of the commencement of any proceedings to obtain any such order and, as far as I know, my separated spouse has no intention of claiming any interest in my pension benefits.

2. I understand that the Plan requires that benefits payable thereunder upon the death of a member are payable to the spouse of the member and that, if I sign this declaration, I will be excluding my separated spouse from being eligible for receipt of any pension benefit payable from the Plan upon my death.

3. I have read this form and understand it.

And I make this solemn declaration conscientiously believing it to be true and knowing that is of the same force and effect as if made under oath.

DECLARED before me:

at \_\_\_\_\_  
 Name of Municipality

in \_\_\_\_\_  
 Province, State, Territory and Country, if not Canada

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 A Commissioner for Oaths or Notary Public

MY APPOINTMENT EXPIRES \_\_\_\_\_, \_\_\_\_\_

And I make this solemn declaration conscientiously believing it to be true and knowing that is it is of the same force and effect as if made under oath.

\_\_\_\_\_  
 Signature of Member

\_\_\_\_\_  
 Social Insurance Number

This personal information is being collected under the authority of the *Employment Pension Plans Act* and will be used for the purpose of administering your pension benefits.

**Note: Please return this form to your Employer, who will forward a copy to the UAPP Administration Centre for updating of your administration records.**

This personal information is being collected under the authority of the *Employment Pension Plans Act* and will be used for the purpose of administering your pension benefits. It is protected as per the provisions of the *Freedom of Information and Protection of Privacy Act*.

## Definition of Spouse

**Spouse** means:

1. a person who, at the relevant time, was married to a member and who had not been living separate and apart from that member for 3 or more consecutive years;  
or
2. if there is no person to whom #1 above applies, a person of either sex who
  - (a) lived with the member
    - (i) for the 3-year period immediately preceding the relevant time, or
    - (ii) in a relationship of some permanence for the period immediately preceding the relevant time if that person and the member are, together the natural or adoptive parents of a child under the laws of the Province of Alberta,and
  - (b) during that period, lived in a marriage-like relationship with that other person;or
3. if there is no person to whom #1 or #2 applies, and, if the member has not filed with the Board a declaration as prescribed by the Board, a person who was married to but separated from the member for more than 3 consecutive years.