

ONTARIO TEAMSTERS MULTI LOCAL TRUST FUND (the "Plan")
LOCAL 847 DIVISION
Registration Number 0278408

STATEMENT OF MARITAL STATUS (ONTARIO)

Plan Member's Name (please print): _____

Under the *Ontario Pension Benefits Act*, "Spouse" means either of two persons who,

- (a) are married to each other, or
- (b) are not married to each other and are living together in a conjugal relationship,
 - (i) continuously for a period of not less than three years, or
 - (ii) in a relationship of some permanence, if they are the parents of a child as set out in section 4 of the *Children's Law Reform Act*,

or shall mean such other definition as prescribed in the *Ontario Pension Benefits Act* as amended from time to time.

MEMBER'S PERSONAL INFORMATION

I, _____ (please print) the undersigned Plan Member, hereby certify for the purposes of the Ontario Teamsters Multi Local Trust Fund, Local 847 Division, that as of the date of my retirement under the Plan:

_____ I do have a Spouse, as defined by the *Ontario Pension Benefits Act*;

_____ I do not have a Spouse, as defined by the *Ontario Pension Benefits Act*;

_____ I do have an ex-Spouse, or ex-Spouses (if yes, please attach a copy of all Divorce/Separation Agreement(s)).

Full Name of Spouse – Please Print

Spouse's Date of Birth

Plan Member's Signature

Date Signed

Printed Name and Signature of Witness *

Date Signed

Witness' Address, Telephone Number and E-mail Address (Please Print)

* *Witness cannot be a family member.*

Please keep a copy of this Form for your records.

Any person entitled to a Benefit, or the Pension partner or the designated beneficiary or agent of that person is permitted to examine the Plan documents.

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the applicable legislation. The Plan may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plan and entitlement to the benefits of the Plan. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.