

**ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND
LOCAL 647 DIVISION
Registration Number 278408**

**STATEMENT OF CONFIRMATION OF NO PRIOR CLAIM
BY A FORMER SPOUSE ("EX-SPOUSE") AND INDEMNITY DECLARATION**

I _____ certify that I have been Separated/Divorced from my Ex- Spouse _____ (insert Name), since _____.

I certify that I do not have a Divorce/Separation or other applicable agreement that provides for an entitlement to any portion of my pension with the Ontario Teamsters Multi Local Pension Trust Fund – Local 647 Division (the "Pension Plan") and therefore I am signing this Statement of Confirmation of No Prior Claim by a Former Spouse and Indemnity Declaration.

I certify that my Ex-Spouse, as named above has no claim whatsoever with the Ontario Teamsters Multi Local Pension Trust Fund – Local 647 Division. I have filed all documents related to this matter with the Pension Plan. If I have more than one Ex-Spouse I have attached a Statement of Confirmation of No Prior Claim by a Former Spouse and Indemnity Declaration for each such Ex-Spouse.

INDEMNITY DECLARATION

In acknowledgement of payments for the benefit I have applied for under the Pension Plan I agree to indemnify and save harmless the Ontario Teamsters Multi Local Pension Trust Fund – Local 647 Division and the Trustees thereof, and each of its and their respective officers, directors, members, employees and agents and their successors and assigns (hereinafter collectively referred to as the "Indemnatee") jointly and severally from any and all actions, causes of action (or any other manner of proceedings), any other contracts and covenants, whether express or implied, claims, liabilities, obligations and demands for benefits, monies, damages, indemnity, entitlements, costs, interest, loss or injury of every nature and kind whatsoever which the Indemnatee may incur by reason of or on account of payment to me of the monthly pension benefit I have applied for under the Pension Plan.

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Member Name: _____

I have received independent legal advice before signing this Statement of Confirmation of No Prior Claim by a Former Spouse and Indemnity Declaration and have voluntarily signed same.

Member’s Signature: _____

Date: _____

Witness* to Member’s Signature: _____
(Witness’ Signature)

Name of Witness and Telephone Number

Complete Address of Witness

*** *Witness must not be a Family Member***

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.