

ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND
LOCAL 647 DIVISION
Plan Registration Number 0278408

DECLARATION OF COMMON-LAW SPOUSE

I, _____ do hereby declare that _____
(Member's name - please print) (Spouse's name – please print)

is my Common-Law Spouse with whom I have been cohabitating since

(Date cohabitation commenced)

and whom I publicly represent as my Spouse.

Signature of Plan Member

Date

Plan Member's Address

Printed Name and Signature of Witness*

Date

Witness' Address, Telephone Number and Email Address (Please Print)

***WITNESS CANNOT 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.