

**ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND  
LOCAL 847 DIVISION  
Plan Registration Number 0278408**

**DECLARATION OF COMMON-LAW SPOUSE**

I, \_\_\_\_\_ do hereby declare that \_\_\_\_\_  
(Plan 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.

\_\_\_\_\_  
Plan Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Address

\_\_\_\_\_  
Printed Name and Signature of Witness \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Address, Telephone Number and E-mail 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.