



1 Adelaide Street East, Suite 2900  
Toronto ON M5C 3A7

# STATEMENT OF MARITAL STATUS

Telephone: 416-681-6100 Toll-free: 1-800-637-0024

Email: email@optrust.com Website: optrust.com

Complete this form and return it to OPTrust if you are a member of the OPSEU Pension Plan and your spousal status has changed. You can also update your spousal information securely using [Online Services](#) at [optrust.com](#).

## A – Personal Information

Last Name		First Name	
OPTrust ID or Employee Number	Email Address	Date of Birth (Day-Month-Year)	
Mailing Address	City/Town	Province	Postal Code

## B – Spousal Information

Under pension law, your spouse is entitled to survivor benefits when you die, regardless of any beneficiary you may designate, unless your spouse has waived their right to survivor benefits. For pension purposes, a spouse is someone who you are married to or have been living with in a common-law relationship continuously for at least three years, or a shorter period if you are in a relationship of some permanence and are the parents of a child. For your spouse to qualify for a benefit, you must not be living separate and apart at the time a determination is being made (i.e. at date of retirement, or date of death if you die before retirement).

Please check one box below:

I do not have a spouse. I am single, separated, divorced or widowed.

My spouse and I have been married since \_\_\_\_\_ and we are not living separate and apart at this time.

My spouse and I have lived together in a common-law relationship continuously since \_\_\_\_\_ and we are not living separate and apart at this time.

My spouse and I are in a common-law relationship of some permanence and are the parents of a child. We are not living separate and apart at this time.

Spouse's Last Name	Spouse's First Name	Date of Birth (Day-Month-Year)
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## C – Declaration

I understand that, if applicable, supporting spousal eligibility documents will be required at the time a determination is being made, and any benefits payable to my survivors will be determined by OPTrust at the time of my death and will be subject to the terms of the OPSEU Pension Plan and applicable legislation in effect at that time.

Signature	Date (Day-Month-Year)
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