Declaration of Pension Partner Status

This form is required regardless of your marital status. The Declaration must be completed before a Commissioner for Oaths or Notary Public not more than 90 days before your pension commencement date. Once completed, return it to

PSPP c/o Alberta Pensions Services Corporation (APS),
5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.
Fax: 780-421-1652

Statutory Declaration

IN THE MATTER OF A DECLARATION OF PENSION PARTNER STATUS UNDER THE PUBLIC SERVICES PENSION PLAN

Member Information and Declaration

I, _______________________________ _______________________________ _______________________________ of the of in
member's first name member's middle name member's last name

city, town, village, etc name of city, town, village, etc. province/territory/state/country (if other than Canada)

solemnly declare as follows:

1. I am signing this Declaration not more than 90 days before my Public Services Pension Plan (PSPP) pension commencement date.

2. I have read and understood the definition of “pension partner” as defined on the back of this Declaration.

3. (check one) I do ☐ I do not ☐ have a pension partner, as defined on the back of this Declaration, on the date I completed this Declaration.

4. My pension partner’s information, if applicable, is as follows:

   (check one) ☐ female ☐ male

   _______________________________ _______________________________ _______________________________
   pension partner’s first name pension partner’s middle name pension partner’s last name

5. If my pension partner status changes during the time from completion of this Declaration to the pension commencement date, I will inform APS, the administrator of PSPP, and complete a new Declaration.

   AND I MAKE this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

   DECLARED before me _______________________________

   at the of _______________________________

   city, town, village, etc name of city, town, village, etc. signature of member

   in this _______________________________

   province/territory day

   day of _______________________________ 20________________

   month year

   signature of Commissioner for Oaths in and for the province/territory of commission expiry date (if applicable)

Personal information on this form is collected under the authority of section 9.2 of the Alberta Public Sector Pension Plans Act and section 33 of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of declaring if you have a pension partner. If you have any questions regarding the collection of this information, contact the Member Services Centre (MSC) at 1-877-453-1PSP (1777), or write the MSC, c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.
Definition of Pension Partner

“Pension Partner” means

(i) a person who, at the relevant time, was married to a participant or former participant and had not been
living separate and apart from him or her for 3 or more consecutive years, or
(ii) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had
lived with the participant or former participant in a conjugal relationship
   (A) for a continuous period of at least 3 years, or
   (B) of some permanence, if there is a child of the relationship by birth or adoption;

Persons are living separate and apart

(a) if they are living apart and either of them has the intention to live separate and apart from the other, or
(b) if, before the relevant time,
   (i) they had been living separate and apart for any period, and
   (ii) that period was interrupted or terminated by reason only that either of them became incapable
of continuing to live separate and apart or of forming or having the intention to continue to live
separate and apart of that person’s own volition,
   and the separation would probably have continued if that person had not become so incapable.

Instructions for completing the Declaration of Pension Partner Status

1. This Declaration should only be completed when you, the member, are within 90 days of your anticipated
   pension commencement date.

2. Once you have determined if you have a pension partner, as defined above, please check the appropriate box
   in the pension partner’s information section of the Declaration.

3. APS proudly serves PSPP and provides responsive and focused member service on behalf of PSPP.
   If you have any questions or if you are unsure about anything in this Declaration, please contact APS at
   1-877-453-1PSP (1777), or by fax at 780-421-1652.