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Declaration of Common-law Relationship (to be completed by common-law spouse)

This declaration is to be completed if you are a spouse of a member of the Public Employees Pension Plan. The current definition of spouse (including common-law spouse) can be found in the PEPP *Talk on Designation of Beneficiary*.

This form is designed based on Saskatchewan legislation. Please contact PEPP if you are or were working outside Saskatchewan as your pension may be subject to the legislation of another province.

This form must be witnessed by a Notary Public or Commissioner of Oaths in and for Saskatchewan. If you reside outside Saskatchewan or Canada, please contact PEPP to determine a suitable witness.

SECTION A: MEMBER INFORMATION (Please print)						
		Till ()				
PEPP Member Number	Member's Last Name		First Nar	me and Initial		
SECTION B: COMMON-LAW SPOUSE INFORMATION						
Last Name		First Name and Initial		Birthdate (day/month/year)		
Mailing Address	City	Province		Postal Code		
SECTION C: DECLARATION						
I		of				
(Name of Com	of	(City/T	own/Village)			
in the province of		, country of,				
DO SOLEMNLY DECLARE that:						
	а	nd I have been cohabiting ir	n a con	iugal relationship for		
(Name of M				ja gar vera trevierie		
consecu						
(must be more than 12) (day/month/year)						
OR						
and I have been cohabiting in a conjugal relationship for						
(Name of M				. 6.1		
(if less than 12) consecutive months since (, and that v day/month/year)	ve are p	parents of the same child		
and continue to live in a conjugal relationship.						

SECTION C: DECLARATION Continued	
I make this Solemn Declaration conscientiousl the same force and effect as if made under or	ly believing it to be true and knowing that it is of ath and by virtue of the <i>Canada Evidence Act</i> .
Signature of Declarant (electronic signature will not be accepted)	
Declared before me at the city/town/village of province of this day of ,	, country of
Signature of Notary Public/Justice of the Peace/Commissioner for Oaths in and for Saskatchewan	Print Name Phone Number
Date Signed (day/month/year)	Stamp area