



# BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office  
45 McIntosh Drive, Markham, Ontario L3R 8C7

Boilermakers' National Pension Fund (Canada) Plan Registration Number 0366708 and Boilermakers' National Health and Welfare Fund (Canada)

## STATEMENT OF MARITAL STATUS (NEWFOUNDLAND)

I, the undersigned, understand that the meaning of the word "Spouse" as defined in the Newfoundland and Labrador Pension Benefits Act as follows:

- (i) not being married to the Participant and
  - (a) not being prevented by law from marrying the Participant, has cohabited continuously with the Participant in a conjugal relationship for a period of not less than one year, or
  - (b) being prevented by law from marrying the Participant, has cohabited continuously with the Participant in a conjugal relationship for a period of not less than 3 years,and is cohabiting or has cohabited with the Participant within the preceding year, or
- (ii) if there is no person described in subparagraph (i)
  - (a) is married to the Participant,
  - (b) is married to the Participant by a marriage that is voidable and has not been voided by a judgement of nullity; or
  - (c) has gone through a form of marriage with the Participant, in good faith, that is void and is cohabiting or has cohabited with the Participant within the preceding year.

or shall mean such other definition as prescribed in the Newfoundland and Labrador Pension Benefits Act.

I, \_\_\_\_\_ therefore state:

\_\_\_\_\_ I was the Spouse, as defined by the Newfoundland and Labrador Pension Benefits Act;

\_\_\_\_\_ I was not the Spouse, as defined by the Newfoundland and Labrador Pension Benefits Act;

\_\_\_\_\_  
(Full Name – Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name of Witness – Please Print)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date Signed)

*Questions about the collection of Personal Information should be directed to the Recording Secretary, Boilermakers' National Pension Fund (Canada) at the Administration Office.  
Please keep a copy of this Form for your records.*

