

Civil Service Superannuation Fund

APPLICATION FOR SPOUSAL PENSION (MARRIED)

The "Spouse" (defined on page 2) of a deceased member, vested former member or pensioner is entitled to spousal pension as provided under Section 13(1) of the Civil Service Superannuation Act R.S.P.E.I. 1988, C-9.

SURVIVING SPOUSE'S INFORMATION

Last Name	Social Insurance Number
First Name	Date of Birth <div style="text-align: center; color: gray;">DD-MMM-YYYY</div>
Mailing Address	City
Province	Postal Code
E-mail	Telephone Number <div style="text-align: center; color: gray;">XXX-XXX-XXXX</div>

DECEASED MEMBER'S INFORMATION

Full Name	Social Insurance Number
Date of Birth <div style="text-align: center; color: gray;">DD/MMM/YYYY</div>	Date of Death <div style="text-align: center; color: gray;">DD/MMM/YYYY</div>

DECLARATION

At the time of the Member's death, I was the Spouse of the Member within the meaning of the *Civil Service Superannuation Act*. I declare that the deceased Member and I had together never:

- obtained a divorce judgement, or
- been party to a marriage breakdown either under a domestic contract or pursuant to the *Family Law Act*, R.S.P.E.I. 1988, Cap. F-2.1, which addresses pension assets.

All information provided herein is true and correct in substance and in fact. I hereby apply for a surviving spousal pension as provided for in the *Civil Service Superannuation Act*.

Signature of Surviving Spouse

Date

For **Dependent Child eligibility, please refer to the **CSSF Application for Dependent Allowance**

APPLICATION CHECKLIST - ALL applications must include the following:

- An affidavit/solemn affirmation, in the provided form, confirming the existence of your marriage to the deceased Member at the date of death of the Member

PLEASE NOTE

If you require one of our staff to act as a Commissioner of Oaths and Affidavits, you must call ahead and book an appointment: (902)368-4200.

- Copy of the death certificate or funeral director's Statement of Death of the deceased Member
- Copy of the surviving spouse's birth certificate **or** driver's license as proof of age
- Copy of the deceased Member's birth certificate **or** driver's license as proof of age
- Copy of your marriage certificate
- Completed [direct deposit form](#)
- Completed [Federal Personal Income Tax Credits Return](#) (TD1)
- Completed [PEI Personal Income Tax Credits Return](#) (TD1PE – If your province of residence is not PEI, please complete the form for your [province of residence](#))

Definition of "Spouse"

Pursuant to Section 1(p) of the Civil Service Superannuation Act, a "spouse" means an individual who, with respect to a plan member or vested former member,

- (i) is married to the plan member or vested former member or*
- (ii) has entered into a marriage with the member or vested former member that is void or voidable*

This application and ALL supporting documents should be sent to the following address:

Pension and Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8

Freedom of Information and Protection of Privacy Act

Personal information on this form is collected under Section 31(c) of the ***Freedom of Information and Protection of Privacy Act*** R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the ***Freedom of Information and Protection of Privacy Act***. If you have any questions about this collection of personal information, you may contact the:

Manager of Pension & Benefits
P.O. Box 2000
Charlottetown, PEI C1A 7N8
Tel (902) 368-4200

CIVIL SERVICE SUPERANNUATION FUND

Direct Deposit Form

PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME: _____

FIRST NAME & INITIAL: _____

I hereby authorize and request the Civil Service Superannuation Fund to electronically deposit my pension payroll cheque with the financial institution specified below.

Signature _____ Date DD-MMM-YYYY

PART B – BANK INFORMATION:

Please attach an unsigned cheque clearly marked “**VOID**” or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:

Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8