

THE UNIVERSITY OF MANITOBA PENSION PLAN (1993)

CHANGE OF INFORMATION MARITAL STATUS

PERSONAL INFORMATION

Social Insurance Number

Employee Number

Last Name

Given Name

CHANGE OF MARITAL STATUS

In accordance with the Manitoba Pension Benefits Act and its Regulations and for the purpose of the Pension Plan:

- 1) spouse means the person who is married to you, and
- 2) common-law partner means:
 - a) the person who, with you, registered a common-law relationship under section 13.1 of The Vital Statistics Act, or
 - b) the person who, not being married to you, has been cohabiting with you in a conjugal relationship
 - i) for a period of at least three years, if either of you is married or
 - ii) for a period of at least one year, if neither of you is married.

I hereby declare that for the purpose of the Pension Plan my marital status has changed effective: _____ / _____ / _____
(day, month, year)

Due to: marriage/common-law separation/divorce death*

** Please provide a copy of the death certificate or funeral director statement.*

I do not have a spouse or common-law partner.

I have a spouse. _____ _____ / _____ / _____
Spouse's Last Name, Given Name Date of Birth (day, month, year)
Gender: Male Female

I have a common-law partner.
_____ _____ / _____ / _____
Common-Law Partner's Last Name, Given Name Date of Birth (day, month, year)
Gender: Male Female

- If your change in marital status has changed due to a relationship breakdown, please complete the relationship breakdown section of this form (see page 2).
- The Act (Section 31(2)) includes provisions on the Division of pension on breakdown of relationship. The legislation will dictate if you are required to share the pension accrued during the period of the relationship.

Caution:

- Should you wish to change your beneficiary, you will have to do so by means of a Change of Information form available from the Pension Office.

See over...

Return completed form to: Pension Office | 180 Extended Education Complex | Winnipeg | MB | R3T 2N2

RELATIONSHIP BREAKDOWN

Membership Information: (Please print)

Name: _____ Address: _____
Employee #: _____ Date of birth _____
(day, month, year)
Work Phone: _____ Home Phone: _____ E-mail _____

Solicitor Information: (Please print)

Send letter to solicitor: Yes No

Name: _____ Address: _____
Firm name: _____ Work Phone: _____ E-mail _____

Former Spouse or Partner Information: (Please print)

Send letter to Former Spouse or Partner: Yes No

Name: _____ Address: _____
Date of birth _____
(day, month, year) Email: _____
Work Phone: _____ Home Phone: _____

Solicitor Information: (Please print)

Send letter to solicitor: Yes No

Name: _____ Address: _____
Firm name: _____ Work Phone: _____ E-mail _____

Note: *If there was a common-law period prior to the date of marriage the co-habitation date is required.*

Date continuous co-habitation commenced: _____
(day, month, year)

Date of marriage: _____
(day, month, year)

Date of physical separation: _____
(day, month, year)

I authorize the Pension Office to proceed with the relationship breakdown calculation of the pension credit or pension earned during the relationship.

No calculation is required, there is no written agreement or court order dividing family assets as described in subsection 31(3) of the Pension Benefits Act.

(Should you enter into an agreement to divide assets, the pension benefits would be subject to sharing under the Pension Benefits Act. Please contact the Administrator managing your assets regarding sharing of assets in the event that assets are shared.)

I hereby confirm that the above information is correct. This personal information is being collected under the Authority of The University of Manitoba Act and will be used for purposes of pension plan administration.

I authorize The University of Manitoba to exchange personal information with benefit service providers and/or organizations who provide advice and service in the management of the group pension plans. This information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact the FIPPA Coordinator's Office, (204) 474-8339, University of Manitoba.

Date

Signature of Employee