

DECLARATION OF SPOUSE

1. I, _____, hereby certify for the purpose of the
BRICKLAYERS & STONEMASONS UNION LOCAL 2 (ONTARIO) PENSION PLAN,

That I was the spouse of _____, at the date of such
(name of deceased member)

person's death as defined in item 2 below:

2. **"Spouse"** means either of two persons who at the date of such person's death:

- (i) was married to and not living separate and apart from each other; or
- (ii) was not married to each other, but was living with together in a conjugal relationship,
 - continuously for a period of at least three (3) years; or
 - in a relationship of some permanence if they are both the natural or adoptive parents of a child as defined in the Family Law Act.

Date Signed

Signature of Spouse

Date Signed

Signature of Witness

Name and address of Witness (please print)

AGENT/ADMINISTRATOR

Global Benefits

88 St. Regis Crescent South, Toronto, Ontario M3J 1Y8

Tel: (416) 635-6000 Fax: (416) 635-6464

**BRICKLAYERS AND STONEMASONS UNION LOCAL 2 (ONTARIO) PENSION PLAN
APPLICATION FOR DEATH BENEFIT**

1. (A) Name of Deceased _____
(B) Social Insurance Number of Deceased _____
(C) Deceased's marital status at time of death? _____
(D) Name and address of Spouse _____
(attach copy of marriage certificate)
(E) Date of Marriage (or Co-habitation if common-law) _____
2. (A) Date of Birth of Deceased _____
(attach copy of birth certificate or equivalent)
(B) Date of Death of Deceased _____
(attach copy of death certificate or equivalent)
3. (A) Last date of employment as a union member _____
Name of last employer _____
(B) Latest initiation date _____
4. At time of death, where was deceased legally domiciled?

5. If beneficiary is estate:
(A) Name of executor or administrator _____
(B) Telephone number (including area code) _____
6. If beneficiary is other than estate:
(A) Name of Beneficiary _____
(B) Address of Beneficiary _____
(C) Social Insurance Number of Beneficiary _____
(D) Date of Birth (attach copy of birth certificate) _____
(E) Relationship to Deceased _____

I hereby certify that the foregoing statements and answers are complete and correctly reported to the best of my knowledge and belief.

DATED AT _____ THIS _____ DAY OF _____ 20_____.

Signature of Witness

Signature of Claimant

Address

Address

CERTIFICATE OF UNION REPRESENTATIVE

The undersigned certifies the above person is a member of Local 2 and that his latest initiation date shown above is correct.

Date _____ Signature of Representative _____

PLAN ADMINISTRATOR
Global Benefits
88 St. Regis Crescent South
Toronto, Ontario
M3J 1Y8