

APPLICATION CHECKLIST - ALL applications must include the following:

- An [affidavit/solemn affirmation](#), in the provided form, confirming the existence of your common-law relationship with the Member at the date of death of the Member
- 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
- Completed [direct deposit form](#)
- Completed Federal Personal Income Tax Credits Return ([TD1](#))
- Completed Provincial Personal Income Tax Credits Return ([TD1PE](#) – If your province of residence is not PEI, please complete the form for your [province of residence](#))

YOU MUST ALSO INCLUDE

A. If applying under SECTION A as chosen on page 1:

- Filed income tax returns for the three years preceding the date of the Member's death, naming the surviving spouse as their common-law partner.

OR

- Cohabitation Agreement (Domestic Contract) that has existed for at least three years leading up to the death of the deceased Member.

B. If applying under SECTION B as chosen on page 1:

- The long (detailed) form birth certificate of one natural or adoptive child to whom you are both the named parents.

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

Pension and Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8
Tel: (902) 368-4200

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 Pensions and Benefits, PO Box 2000, Charlottetown, PE C1A 7N8. Tel (902) 368-4200.

C A N A D A

PROVINCE OF PRINCE EDWARD ISLAND

IN THE MATTER of an application for spousal benefits under section 24 of the *Teachers' Superannuation Act*, R.S.P.E.I. 1988, Cap. T-1.

AFFIDAVIT/SOLEMN AFFIRMATION

I, _____ of _____,
Surviving Spouse City/Community
_____ County, in the Province of Prince Edward Island,
County

DO HEREBY MAKE OATH/SOLEMNLY AFFIRM AS FOLLOWS:

1. _____ and I cohabitated in a conjugal
Deceased Member

relationship for a continuous period from _____ to
Begin Date of Relationship

End Date of Relationship

2. Under the *Teachers' Superannuation Act*, "spouse" ("Spouse"), for the purposes of determining the existence of a common-law relationship, means an individual who, in respect of a member, vested former member or pensioner,

(a) where the member, vested former member or pensioner is not married to anyone, is cohabitating with the member, vested former member or pensioner in a conjugal relationship and has done so continuously for a period of at least three years,

OR

(b) where the member, vested former member or pensioner is not married to anyone, is cohabitating with the member, vested former member or pensioner in a conjugal relationship and together they are the natural or adoptive parents of a child.

3. In this affidavit/solemn affirmation, "Spouse" has the same meaning as set forth in the *Teachers' Superannuation Act*.

4. I am the surviving Spouse of _____ within the meaning
Deceased Member
of the *Teachers' Superannuation Act* and in particular paragraph 2 of this my affidavit/solemn affirmation.

5. _____ and I were cohabitating as Spouses of each
Deceased Member
other on the date of his/her death.

6. To the best of my knowledge, _____ was not
Deceased Member
married
to another person during our cohabitation period referred to in this my affidavit/affirmation.

7. I swear/affirm this affidavit/solemn affirmation in support of my application for surviving Spouse benefits in accordance with section 24 of the *Teachers' Superannuation Act*, and for no other or improper purpose.

Sworn to/solemnly affirmed before me at)
Charlottetown, Queens County, Province)
of Prince Edward Island, this _____)
day of _____, 20_____.)
)
)
)
)
)

A Commissioner for taking Oaths and
Affidavits in the Province of Prince
Edward Island

Surviving Spouse – Signature

Print Name

TEACHERS' SUPERANNUATION FUND
Direct Deposit Form

PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME: _____

FIRST NAME & INITIAL: _____

I hereby authorize and request the Teachers' Superannuation Fund to credit my net pension payroll to my bank account as outlined on my void cheque or void cheque form.

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

PLEASE print off the two (2) Income Tax Forms on the website (TD1 and TD1PE) and attach them to this spousal pension application.