



Separation / Reconciliation Declaration

Group Policy # 901102



INSTRUCTIONS

To be completed only by members with Survivor Income Benefits (SIB) coverage

When a member: 1) declares being separated/divorced from his/her spouse; or 2) is reunited with his/her spouse.

(A spouse for SISIP FS purposes, is one acquired by a civil or religious marriage ceremony, or a common-law relationship).

1. MEMBERS INFORMATION

| | | | | |
|-------------------------------------|----------------------|----------------------|----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Service Number (SN) | Rank | Surname | First Name | Initials |
| <input type="text"/> | | | <input type="text"/> | |
| Mailing Address | | | Home Phone # | |
| <input type="text"/> | | | <input type="text"/> | |
| City | Prov. | Postal Code | (circle) work/cell phone/pager # | |
| Email address: <input type="text"/> | | | | |

2. SEPARATION DECLARATION

- A. I have been separated divorced from my spouse _____; and
(Full Name)
- B. We have been living separate and apart from on or about _____; and
(Day/Month/Year)
- C. My spouse is no longer my dependant and beneficiary of SISIP Survivor Income Benefits (SIB) and I nominate my dependant child(ren), as follows, as beneficiary(ies) of this benefit.

| | Name (in full) of Persons or Institutions | Relationship to Certificate Holder (Must be dependant child(ren)) | If Minors, Date of Birth * Day/Month/Year | Percentage of Proceeds (Indicate if Equal Shares) |
|---------|---|---|---|---|
| Primary | | | | % |
| Primary | | | | % |
| Primary | | | | % |

*With respect to the minor child(ren) designated above, I appoint the following as trustee(s). Please provide the name, relationship, current address and phone number of the trustee(s). **If this does not apply, please indicate n/a.**

TRUSTEE(S): _____

Note: 1) The submission of a SISIP FS INS 3E "Declaration of Common Law Relationship" shall nullify this nomination.
2) The designation of a spouse as beneficiary for Life Insurance by a member who **became a participant while residing in the Province of Quebec**, may be irrevocable if the member did not specify it to be revocable. In such a case a change of beneficiary cannot be made without the spouse's **written** permission. If you know this to be relevant in your case, please have your spouse sign a "Release of Beneficiary" form. (Annex to SISIP FS INS 11E).

3. RECONCILIATION DECLARATION

- A. I have been reunited with my spouse _____; and
(Full Name)
- B. We have been living together for a period of time in excess of 30 days commencing on or about _____; and
(Day/Month/Year)
- C. She/he is my spouse and beneficiary for purposes of SISIP Survivor Income Benefits (SIB).

4. SIGNATURE

Declaration and Authorization by Applicant

- I certify that all information given on this form is complete and true in every respect;
- I authorize SISIP Financial Services, Manulife Financial or its reinsurers, for underwriting, administration of insurance and claims paying purposes, to gather only the necessary information for the object of the file, from any person or organization that has personal information relating to me;
- I also authorize SISIP Financial Services, Manulife Financial or its reinsurers, to disclose only the necessary personal information they have on me to the same persons or organizations specified in paragraph b.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request.

Member's Signature

Day Month Year

Please return completed form to: SISIP Financial Services, National Defence Headquarters, 4210 Labelle Street, Ottawa, ON K1A 0K2