



A division of CFMWS  
Une division des SBMFC

# 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 Financial 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 designation of a spouse as beneficiary for Life Insurance by a member who **became a participant in SISIP insurance 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 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, Manulife 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, Manulife 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, National Defence Headquarters, 4210 Labelle Street, Ottawa, ON K1A 0K2