



# CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE

Grand Rapids, MI 49512-3054

## DECLARATION OF MARITAL STATUS

Participant Name \_\_\_\_\_ S.S. No. \_\_\_\_\_  
(Please Print) Last First Initial

Complete either A or B

### A. Declaration by Participant (complete if participant is living)

I certify that, as of the date of this declaration

- I do not have a spouse OR  
 I do have a spouse

Spouse's Name \_\_\_\_\_  
Last First Initial

Date of Birth \_\_\_\_\_ Sex: Male  Female   
Month/Day/Year

I certify that, as of the date of this declaration

- no part of my pension entitlement under the plan has been assigned by an agreement or court order as a result of marriage breakdown, OR  
 a portion of my pension entitlement under the plan has been assigned as a result of marriage breakdown and a copy of the applicable agreement/court order is attached.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Month/Day/Year

\_\_\_\_\_  
Name of Notary Public (Please Print)

### B. Declaration by Beneficiary (complete only if participant is deceased or incapacitated)

As a result of the death or incapacity of the participant, whose name appears above, I certify that, as of the date of this declaration,  I am the spouse of the participant named above, OR  
 I am not the spouse of the participant named above.

My Name is \_\_\_\_\_  
Last First Initial

Date of Birth \_\_\_\_\_ Sex: Male  Female   
Month/Day/Year

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Month/Day/Year

\_\_\_\_\_  
Name of Notary Public (Please Print)