FORM 2: Request for Designation as Limited Member of Pension Plan

Family Relations Act, section 72

(Note: This form is for use in relation to ●a matured pension; ●an unmatured pension in a defined benefit plan; ●an agreement under s. 80(2) of the Family Relations Act.)

Address of Plan: (please print) From: Spouse of member (Note: "spouse" includes a former spouse.) Name: Address: Telephone: (home)	To: Name of Plan:	Administrator of pension plan	
Name: Address: Telephone: (home)			
In relation to: Plan member Name of member: Address: Telephone: (home)(work) Social Insurance or Pension Plan Identity Number: Employer: Other required information: • Date of marriage*(Note: This is the date on which the spouse became entitled to an interest in the member in accordance with s. 56 (1) of the Family Relations Act (see below).) • A copy of the separation agreement or court order on which the entitlement date is based **(Note: to be attached to or enclosed with this Form.) Request: I request that I be designated as a limited member of your pension plan (If the pension is matured on the date of this request, this will also act as a request for the Plan to add benefit split of the pension in accordance with s. 76 (1) of the Family Relations Act.) Signed (Spouse) Date	Name:		
In relation to: Plan member Name of member: Address: Telephone: (home) (work) Social Insurance or Pension Plan Identity Number: Employer: Other required information: • Date of marriage • Entitlement Date* for Spouse: *(Note: This is the date on which the spouse became entitled to an interest in the member in accordance with s. 56 (1) of the Family Relations Act (see below).) • A copy of the separation agreement or court order on which the entitlement date is base **(Note: to be attached to or enclosed with this Form.) Request: I request that I be designated as a limited member of your pension plan (If the pension is matured on the date of this request, this will also act as a request for the Plan to add benefit split of the pension in accordance with s. 76 (1) of the Family Relations Act.) Signed (Spouse) Date		(home) (work)	
Name of member: Address: Telephone: (home)	Social Insurance No	Date of Birth:	
Telephone: (home) (work) Social Insurance or Pension Plan Identity Number: Employer: Other required information: • Entitlement Date* for Spouse: *(Note: This is the date on which the spouse became entitled to an interest in the member' in accordance with s. 56 (1) of the Family Relations Act (see below).) • A copy of the separation agreement or court order on which the entitlement date is base **(Note: to be attached to or enclosed with this Form.) Request: I request that I be designated as a limited member of your pension plan (If the pension is matured on the date of this request, this will also act as a request for the Plan to add benefit split of the pension in accordance with s. 76 (1) of the Family Relations Act.) Signed (Spouse) Date	Name of member:		
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	(If the pe	ension is matured on the date of this request, this will also act as	a request for the Plan to administer
Signed (Witness to signature of Spouse)		Signed (Spouse)	 Date
	Signed	d (Witness to signature of Spouse)	
Name of Witness:	Name of Wit	eness:	
Address of Witness:			

Family Relations Act, section 56:

⁽¹⁾ Subject to this Part and Part 6, each spouse is entitled to an interest in each family asset on or after March 31, 1979, when

⁽a) a separation agreement,

⁽b) a declaratory judgment under section 57,