

FORM 4: Request by Limited Member for Transfer or Pension

Family Relations Act, section 74

(Note: This form is for use in relation to an unmatured pension in a defined benefit Plan.)

To: Administrator of pension plan

Name of Plan: _____

Address of Plan: _____

(please print) _____

From: Spouse of member (Note: "spouse" includes a former spouse.)

Name: _____

Address: _____

Telephone: (home) _____ (work) _____

Social Insurance No.: _____ Date of Birth: _____

In relation to: Plan member

Name of member: _____

Address: _____

Telephone: (home) _____ (work) _____

Social Insurance or Pension Plan Identity Number: _____

Employer: _____

Request:

As the limited member named above, I request: *(check the applicable request)*

that you

(a) transfer my share of the member's pension value by a transfer that is permitted under section 33 (2) of the *Pension Benefits Standards Act*, and

(b) advise me in writing of the information that you require in order to do this.

**(Note: This option is only available if the member is eligible to retire but has not retired.)*

that you provide me with a separate pension from the plan when the member retires.

Signed (*Limited Member*)

Date

Signed (*Witness to signature of Limited Member*)

Name of Witness: _____

Address of Witness: _____