

Form 6: Notice of Receipt
Family Relations Act, Part 6

To: Plan Member

Name of Member: _____
Address: _____
(please print) _____
Social Insurance or Pension Plan Identity Number: _____
Employer: _____

From: Pension Plan

Name of Pension Plan: _____
Address of Plan: _____

Contact Person: _____
Telephone: _____

Receipt of Notice:

We have received the following notice under the *Family Relations Act* in relation to your membership in our pension Plan:

- Form 1: Claim of Spouse to Interest in Member's Pension
- Form 2: Request for Designation as Limited Member of Pension Plan
- Form 3: Request for Transfer from Unmatured Defined Contribution Plan
- Form 4: Request by Limited Member for Transfer or Pension
- Form 5: Request in relation to a Matured Pension Divided under an Agreement or Court Order Made Before July 1, 1995 for Designation as Limited Member and for Payment of Benefits

From: _____
(name as shown on notice)

Dated: _____
(date of notice)