

REQUEST BY LIMITED MEMBER FOR TRANSFER OR SEPARATE PENSION

When to Use this Form

A Form P4 is used by a limited member to choose how to receive a share of benefits under a defined benefit provision if the member is not yet receiving a pension.

[Please print]

To: Administrator of plan
Name of plan

Address of administrator

From: Spouse of member [Note: "spouse" includes a person who has lived in a marriage-like relationship with the member for a continuous period of at least two years and also includes a former spouse.]

Name of spouse.....

Address

Email address

Telephone (home) (work)

Social Insurance Number

Date of birth

[This administrator will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator of any changes.]

In relation to: Plan member

Name of member

Address.....

Email address

Telephone (home) (work)
Social Insurance or Pension Plan Identity Number
Employer of member

Request

As the limited member named above, I request [*Check the correct box.*]

- that you
 - (a) transfer from the plan my proportionate share of the commuted value of the member's benefits in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, and
 - (b) advise me in writing of the information that you require in order to do this.
- that you provide me with a separate pension from the plan.

[These options are only available after the member is allowed to receive a pension but the pension has not yet commenced. If this form is used for a supplemental pension plan or a plan for specified individuals, a lump sum transfer is not available, and a separate pension is not available until the member's pension commences, unless the administrator consents.]

Signed (limited member)

Date

Signed (witness to signature of limited member)
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Name of witness
.....

Address of witness
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