

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

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

**Family Relations Act, section 72****TO: Administrator of Pension Plan****Name of Plan:** \_\_\_\_\_**Address of Plan:** \_\_\_\_\_**FROM: Spouse of Member** ( Note: "Spouse" includes a former spouse )**Name:** \_\_\_\_\_**Address:** \_\_\_\_\_**Telephone:** ( home ) \_\_\_\_\_ ( work ) \_\_\_\_\_**SIN Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_**IN RELATION TO: Plan Member****Name:** \_\_\_\_\_**Address:** \_\_\_\_\_**Telephone:** ( home ) \_\_\_\_\_ ( work ) \_\_\_\_\_**Social Insurance Number or Pension 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's pension in accordance with section 56( 1 ) of the Family Relations Act ( see below ).

• **A copy of the separation agreement or court order on which the entitlement date and the division of the pension is based ( 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 administer a benefit split of the pension in accordance with section 76( 1 ) of the Family Relations Act. ]

\_\_\_\_\_  
Signed ( *Limited Member* )\_\_\_\_\_  
Date\_\_\_\_\_  
Signed ( *Witness to signature of Limited Member* )**Name of Witness:** \_\_\_\_\_**Address of Witness:** \_\_\_\_\_