

**FORM 3: Request for Transfer from Unmatured Defined Contribution Plan**  
**Family Relations Act, section 73**

**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 you:**

( a ) **Transfer my share of the member's account balance by a transfer that is permitted by 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.**

\_\_\_\_\_  
Signed ( *Limited Member* ) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signed ( *Witness to signature of Limited Member* ) \_\_\_\_\_

**Name of Witness:** \_\_\_\_\_

**Address of Witness:** \_\_\_\_\_