

FORM 4:**Request by Limited Member for Transfer or Pension**

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

Family Relations Act, section 74**TO: Administrator of Pension Plan**

Name of Plan: _____

Address of Plan: _____
_____**FROM: Limited Member**

Name: _____

Address: _____

Telephone:

(home) _____

(work) _____

SIN Number: _____

Date of Birth: _____

IN RELATION TO: Plan Member

Name of Member: _____

Address: _____

Social Insurance Number or Pension 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: _____