

**TO: Plan Member**

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Insurance Number or Pension Identity Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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**FROM: Pension Plan**

Pension Plan: \_\_\_\_\_

Address of Plan: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**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 of 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: \_\_\_\_\_ Dated: \_\_\_\_\_

( name shown on notice )

( date of notice )