

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: _____