

**REQUEST BY LIMITED MEMBER FOR TRANSFER  
OR SEPARATE PENSION**

**WHEN TO USE THIS FORM**

A Form P4 is used by a limited member to choose how to receive a share of benefits under a defined benefit provision if the member is not yet receiving a pension.

[Please print.]

To: **Administrator of plan**

Name of plan: \_\_\_\_\_

Address of administrator: \_\_\_\_\_

\_\_\_\_\_

From: **Spouse of member**

[Note: "Spouse" includes a person who has lived in a marriage-like relationship with the member for a continuous period of at least two years and also includes a former spouse.]

Name of spouse: \_\_\_\_\_

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

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

[The administrator will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator of any changes.]

In relation to: **Plan member**

Name of member: \_\_\_\_\_

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

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

Employer of member: \_\_\_\_\_

**Request:**

As the limited member named above, I request that you [Check the correct box]

(a) transfer from the plan my proportionate share of the commuted value of the member's benefits in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, and

(b) advise me in writing of the information that you require in order to do this.

provide me with a separate pension from the plan.

[These options are only available after the member is allowed to receive a pension but the pension has not yet commenced. If this form is used for a supplemental pension plan or a plan for specified individuals, a lump sum transfer is not available, and a separate pension is not available until the member's pension commences, unless the administrator consents.]

Signed (limited member):

Signed (witness to signature of limited member):

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Address of witness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_