

TO: Plan Member

Name of Member: _____

Address: _____

Social Insurance Number or Pension Identity Number: _____

Employer: _____

FROM: Pension Plan

Pension Plan: _____

Address of Plan: _____

Contact Person: _____

Telephone: _____

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)