

FORM 1:**Claim of Spouse to Interest in Member's Pension****Family Relations Act, section 82****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: _____

DECLARATION OF SPOUSE CLAIMING INTEREST:I, _____ (name of spouse) **declare that**

(a) I was married to the member above on _____ (date),

(b) I was separated from the member on _____ (date), and

(c) I am claiming an interest in the member's pension based on section 56 (1) of the
Family Relations Act (see below)._____
Signed (Spouse)_____
Date of Declaration_____
Signed (Witness to signature of Spouse)

Name of Witness: _____

Address of Witness: _____
