

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: _____