

FORM 2:**Request for Designation as Limited Member of Pension Plan**

(Note: This form is for use in relation to: • a matured pension; • an unmatured pension in a defined benefit plan; • an agreement under section 80(2) of the Family Relations Act.)

Family Relations Act, section 72**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 I be designated as a limited member of your pension plan.

[If the pension is matured on the date of this request, this will also act as a request for the plan to administer a benefit split of the pension in accordance with section 76(1) of the Family Relations Act.]

Signed (*Limited Member*)_____
Date_____
Signed (*Witness to signature of Limited Member*)**Name of Witness:** _____**Address of Witness:** _____