

FORM 4: Request by Limited Member for Transfer or Pension

Family Relations Act, Section 74

(Note: This form is for use in relation to an unmatured pension in a defined benefit plan.)

To: Administrator of Pension Plan
Name of plan: **UFCW Union Pension Plan**
Address of plan: Plan Administrator, Mercer Human Resource Consulting
#860 - 505 Burrard Street, Vancouver BC V7X 1M4

FROM: Limited Member

Name: _____
Address: _____
Telephone: (home) _____ (work) _____
Social Insurance No.: _____ Date of Birth: _____

IN RELATION TO: Plan Member

Name of member: _____
Address: (if known) _____
Telephone: (home) _____ (work) _____
Social Insurance or Pension Plan Identity Number: _____
Employer: _____

REQUEST:

As the limited member named above, I request: (check the applicable request)

- that you
- (a) transfer my share of the member's pension value by a transfer that is permitted under 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.

*[Note: this option is only available if the member is eligible to retire but has not retired.]

- that you provide me with a separate pension from the Plan when the member retires.

Signed (Limited Member) _____ Date _____

Signed (Witness to signature of Limited Member)

Name of Witness: _____

Address of Witness: _____