



**Request**

As the limited member named above, I request [*Check the correct box.*]

- that you
  - (a) transfer from the plan my proportionate share of the commuted value of the member's benefits in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, and
  - (b) advise me in writing of the information that you require in order to do this.
- that you provide me with a separate pension from the plan.

*[These options are only available after the member is allowed to receive a pension but the pension has not yet commenced. If this form is used for a supplemental pension plan or a plan for specified individuals, a lump sum transfer is not available, and a separate pension is not available until the member's pension commences, unless the administrator consents.]*

**Signed (limited member)** \_\_\_\_\_

Date \_\_\_\_\_

**Signed (witness to signature of limited member)** \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_