FORM 1: Claim of Spouse to Interest in Member's Pension

Family Relations Act, section 82

	rator of Pension Plan		
Name of Plan:			
Address of Plan:			
FROM: Spous Name: Address:	se of Member (Note: "Spous	e" includes a former spouse)	
Telephone: SIN Number:	(home)		
IN RELATION Name: Address:	TO: Plan Member		
Telephone: Social Insurance N Employer:	(home)umber or Pension Identity Nu		
DECLARATION	N OF SPOUSE CLAIMIN	IG INTEREST:	
	d to the member above on		(date),
•	ted from the member on		(date), and
	g an interest in the member's ions Act (see below).	pension based on sectio	n 56 (1) of the
	Signed (Spouse)		Date of Declaration
S	igned (Witness to signature of Spous	e)	
Name of Witness:			
Address of Witness	5:		_