FORM 5: Request in Relation to a Matured Pension Divided under an Agreement or Court Order made before July 1, 1995 • for Designation as Limited Member, and • for Payment of Benefits

Family Relations Act, section 76(4)

	strator of Pension Pla	an	
Name of Plan: Address of Plan:			
FROM: Spot Name: Address:	use of Member (Note	e: "Spouse" includes a former s	spouse)
Telephone: SIN Number:	<u></u>		
IN RELATION Name: Address:	TO: Plan Membe	er	
Telephone:	(home)	(work)	
Social Insurance	Number or Pension Ide	ntity Number:	
OTHER REQU	JIRED INFORMAT	ION:	
• Date of Marria	ge:	Entitlement Date* for S	Spouse:
accordance with sA copy of the se	section 56(1) of the Family Reparation agreement or o		entitlement date and the
(b) You administ	ed as a limited member of er the division of the mem		providing me with separate y Relations Act.
-	Signed (Limited Mem	aber)	Date
Sign Name of Witness:	ned (Witness to signature of L	imited Member)	
Address of Witne	ess:	-	-