

When to Use this Form

A Form P4 LV XVHG E\ D OLPLWHG PHPEHU WR FKRRVH KRZ WR UHFHLYH D provision if the member is not yet receiving a pension.

[Please print]

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In relation to: Plan member

Name of member \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Social Insurance or Pension Plan Identity Number \_\_\_\_\_

Employer of member \_\_\_\_\_

**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  
E H Q H ¿ W V L Q D F Family Law Act and The W K Q W K R Q % H Q H ¿ W V 6 W D Q G D U G V \$ F W
  - (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  
FRPPHQFHG , I W K L V I R U P L V X V H G I R U D V X S S O H P H Q W D O S H Q V L R Q S O  
W U D Q V I H U L V Q R W D Y D L O D E O H D Q G D V H S Q U D S W I Q V L R Q I R Q P L V Q G R W D X Y

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

Date \_\_\_\_\_

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

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

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