

FORM P4 (Division of Pensions Regulation, s.4 (d))
**REQUEST BY LIMITED MEMBER
FOR TRANSFER OR SEPARATE PENSION**

When to Use this Form

A *Form P4* is used by a limited member to choose how to receive a share of benefits under a defined benefit provision if the member is not yet receiving a pension.

[Please print]

To: Administrator of plan

Name of plan University of Victoria Staff Pension Plan
Address of administrator PO Box 1700 STN CSC
Victoria BC V8W 2Y2

From: Spouse of member *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member for a continuous period of at least two years and also includes a former spouse.]*

Name of spouse _____
Address _____
Email address _____
Telephone (home) _____ (work) _____
Social Insurance Number _____
Date of Birth _____

[The administrator will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator of any changes.]

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 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 _____
