



## Form 4 Notice of Intention

Pension Benefits Act, 1997 (the "Act") Part VI – Marriage Breakdown

To: Administrator		
Name of Pension Plan		
Address		Postal Code
From: Spouse/Former Spouse of Member		
Name of Spouse/Former Spouse	Social Insurance Number	Date of Birth Y Y Y Y M M D D
		/ /
Address		Postal Code
Contact Telephone Number(s)		
In Relation to: Plan Member		
Name of Member		Social Insurance Number or Plan Identity Number
Address		Postal Code
Contact Telephone Number(s)		
Employer		
Declaration of Spouse/Former Spouse Cla	iming Interest	
I.		declare that
,	Name of Spouse / Former Spouse	
(a) I was married to the member named a	above on	
(b) I was separated from the member on		
		of the Act as set out in the attached certified
copy of the: court or	der	
separati	on agreement	
Signature of Spouse	Date	Witness to Signature of Spouse
organization opposes	Y Y Y Y M M	D D
	/ /	

## PLEASE NOTE

This form is not to be submitted to the Pension Benefit Standards Division. If you have questions or comments regarding this form or the associated legislation, please contact the Pension Benefit Standards Division by mail: P.O. Box 8700, St. John's, NL, A1B 4J6, telephone: (709) 729-1039, or email: PensionRegulation@gov.nl.ca.

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## **Declaration of Member**

,	Name of Pension Plan Member	declare t
(a) I do not object to the division o order/separation agreement; a	of my pension benefit in the above named pension plan pursuant to the attache and	d copy of the court
(b) I undertake not to file a Notice in a manner prescribed under I	of Objection or to take any other step whatsoever to prevent the division of my Part VI of the Act.	pension benefit