

Form 5
Notice of Entitlement
Pension Benefits Act, 1997 (the "Act")
Part VI – Marriage Breakdown

To: Plan Member

1	Name of Member	Social Insurance Number or Plan Identity Number
	Address	Postal Code
	Contact Telephone Number(s)	
	Employer	

And: Spouse / Former Spouse of Member

2	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)					

From: Administrator of Pension Plan

3	Name of Pension Plan
	Address
	Postal Code

In Relation To:

4	Notice of Intention of (Name of Spouse / Former Spouse of Member)
	Date Received
	Y Y Y Y M M D D
	/ /

Enclosures

5	<input type="checkbox"/> Court order or separation agreement on which the entitlement is based <input type="checkbox"/> Copy of member's last annual statement <input type="checkbox"/> Form 5a (for DC plan) or 5b (for DB plan) <input type="checkbox"/> Transfer sheet
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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.