

Form 6
Notice of Objection of Member
Pension Benefits Act, 1997 (the "Act")
Part VI – Marriage Breakdown

To: Administrator

1	Name of Pension Plan
	<div style="display: flex; justify-content: space-between;"> Address Postal Code </div>
	Employer

From: Member of Pension Plan

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

In Relation To:

3	Notice of Intention Dated: Y Y Y Y M M D D <div style="text-align: center; margin-top: 10px;">/ /</div>					
	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)					

Reason for Objection

4	I object to a division of my pension benefit for the following reason: <div style="margin-top: 10px;"> <input type="checkbox"/> The court order or separation agreement has been varied or is of no force or effect (attach documentation to support reason); <input type="checkbox"/> The terms of the court order or separation agreement have been or are being satisfied by other means; <input type="checkbox"/> Proceedings have been commenced in a court of competent jurisdiction in Canada to appeal or review the court order or to challenge the terms of the separation agreement. </div>		
	Signature of Member	Date	Witness to Signature of Member
	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 5px;"> Y Y Y Y M M D D <div style="text-align: center; margin-top: 10px;">/ /</div> </div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

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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.