

**Form 4
Notice of Intention
Pension Benefits Act, 1997 (the "Act")
Part VI - Marriage Breakdown**

To: Administrator

1 Name of Pension Plan _____

Address _____ Postal Code _____

From: 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) _____

In Relation to: Plan Member

3 Name of Member _____ Social Insurance Number or Plan Identity Number _____

Address _____ Postal Code _____

Contact Telephone Number(s) _____

Employer _____

Declaration of Spouse/Former Spouse Claiming Interest

4 I, _____ declare that
Name of Spouse / Former Spouse

(a) I was married to the member named above on _____.

(b) I was separated from the member on _____.

(c) I am requesting a division of the member's pension benefit under Part VI of the Act as set out in the attached certified copy of the: court order
 separation agreement

Signature of Spouse _____ Date Y Y Y Y M M D D / / Witness to Signature of Spouse _____

PLEASE NOTE

This form is not to be submitted to the Pension Benefit Standards Division, Service NL. 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 facsimile: (709) 729-3205.

Declaration of Member

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I, _____ declare that
Name of Pension Plan Member

- (a) I do not object to the division of my pension benefit in the above named pension plan pursuant to the attached copy of the court order/separation agreement; and
- (b) I undertake not to file a Notice of Objection or to take any other step whatsoever to prevent the division of my pension benefit in a manner prescribed under Part VI of the Act.

Signature of Spouse

Date

Y	Y	Y	Y	M	M	D	D
/				/			

Witness to Signature of Spouse