

**FORM 4: Request by Limited Member for Transfer or Pension
Family Relations Act, section 74**

(Note: This form is for use in relation to an unmaturred pension in a defined benefit)

To: **Administrator of Pension Plan**

Name of Plan: **Telecommunication Workers Pension Plan**
Address of Plan: **303 – 4603 Kingsway
Burnaby, BC V5H 4M4**

From: **Spouse of member (Note: "spouse" includes a former spouse.)**

Name: _____

Address: _____

Telephone: (home) _____ (work) _____

Social Insurance No.: _____ Date of Birth: _____

In relation to: **Plan member**

Name of member: _____

Address: _____

Telephone: (home) _____ (work) _____

Social Insurance No.: _____ Date of Birth: _____

Request:

As the limited member named above, I request: (check the applicable request)

that you

- (a) transfer my share of the member's pension value by a transfer that is permitted under section 33(2) of the Pension Benefits Standards Act, and
- (b) advise me in writing of the information that you require in order to do this.
*(Note: This option is only available if the member is eligilb4e to retire but has not retired.)

that you provide me with a separate pension from the plan when the member retires.

Signed (Limited Member)

Date

Signed (Witness to signature of Limited Member)

Name of Witness: _____

Address of Witness: _____