

Department of Environment and Labour Pension Regulation Division

Form 6

Request for Designation as Limited Member of Pension Plan (Section 72 of the Pension Benefits Regulations)

(Note: This form is for use in relation to a pension or a pension benefit)

[Please p To:	orint] Administrator of pension plan	
	Name of plan	
	Name and address of Administrator	
	•••••	
From:	Spouse or common-law partner of member or former member [Note: "spouse or common-law partner" includes a former spouse or former common-law partner]	
	Name	
	Address	
	•••••	
	Telephone (home) (work)	
	Social Insurance Number	
	Date of birth	
In rela	tion to: Plan member or former member	
	Name of member or former member	
	Address	
	Telephone (home) (work)	
	Social Insurance or Pension Plan Identity Number	
	Employer	
Other	required information:	
Date of	marriage or commencement of common-law relationship	
	•	
[Note: th	ment date of spouse or common-law partner	

A copy of the court order or separation agreement on which the entitlement date is based [Note: attach or enclose with this Form]

Request		
I request that I be designated as a limited member of your pension plan.		
Signed (spouse or common-law partner)	Date	
Signed (witness to signature of spouse or common-law partner)		
Name of witness	•••••	
Address of witness	• • • • • • • • • • • • • • • • • • • •	