

**Form 5**  
**Notice of Entitlement**  
Pension Benefits Act, 1997  
Part VI - Marriage Breakdown

**To: Plan Member**

<b>1</b>	Name		
	Address		
			Postal Code
	Social Insurance Number or Plan Identity Number	Employer	

**And: Spouse Of Member**

<b>2</b>	Name		
	Address		
			Postal Code
	Telephone (Home)	Telephone (Work)	
	Social Insurance Number	Date of Birth	

**From: Administrator of Pension Plan**

<b>3</b>	Name of Plan
	Address of Plan

**In Relation To:**

<b>4</b>	Notice of Intention of (Name of Spouse of Member/Former Member)
	Date Received

**Enclosures**

<b>5</b>	<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, 5b, or 5c <input type="checkbox"/> Transfer sheet
----------	---

**PRIVACY NOTICE**

The Financial Services Regulation Division collects personal information under the authority of the *Pension Benefits Act, 1997*. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Privacy (ATIPP) Act. If you have any questions about the collection or use of this information, please contact our office.