

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

**To: Administrator**

**1**

Name of Plan	
Address	Postal Code

**From: Spouse/Former Spouse of Member**

**2**

Name	Social Insurance Number	Date of Birth	Y	Y	Y	Y	M	M	D	D	
							/	/			
Address		Postal Code									
Telephone (Home)			Telephone (Work)								

**In Relation to: Plan Member**

**3**

Name of Member	Social Insurance Number or Plan Identity Number
Address	Postal Code
Telephone (Home)	Telephone (Work)
Employer	

**Declaration of Spouse/Former Spouse Claiming Interest**

**4**

I, \_\_\_\_\_ declare that  
Name of 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 under Part VI of the Act as set out in the attached certified copy of the  
     court order   
     separation agreement

<p>Signature of Spouse</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Witness to Signature of Spouse</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Date</p> <div style="border: 1px solid black; padding: 2px;">             Y Y Y Y    M M    D D              /        /           </div>	<p>Date</p> <div style="border: 1px solid black; padding: 2px;">             Y Y Y Y    M M    D D              /        /           </div>

**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.

**continued on reverse**

**Declaration of Member:**

I, \_\_\_\_\_ declare that

I do not object to the division of my pension benefit in the above named plan pursuant to the attached copy of the court order/ separation agreements.

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 Member

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Witness to Signature of Member

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Date

Y	Y	Y	Y	M	M	D	D
	/		/				

Date

Y	Y	Y	Y	M	M	D	D
		/		/			