



FORM 4 – NOTICE OF INTENTION
PENSION BENEFITS ACT, 1997 – PART VI – MARRIAGE BREAKDOWN
PENSIONS ADMINISTRATION DIVISION
 Department of Finance, P.O. Box 8700, St. John's, NL, A1B 4J6
 Telephone: (709) 729-3931 Fax (709) 729-2070

To Plan Administrator

Name of Plan: _____

From Spouse/Former Spouse of Member

Name: _____ Social Insurance Number _____

Address: _____

Email: _____ Date of Birth _____

Telephone : (Home) _____ (Work) _____

In Relation To Plan Member

Name of Member: _____ Social Insurance Number _____

Address: _____

Email: _____

Telephone : (Home) _____ (Work) _____

Employer : _____

Declaration of Spouse/Former Spouse Claiming Interest

I, _____ declare that

- (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 the attached certified copy of the court order separation agreement.

Signature of Spouse _____ **Date** _____

Witness to Signature of Spouse _____ **Date** _____

(Optional) Declaration of Plan 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 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 _____ **Date** _____

Witness to Signature of Member _____ **Date** _____

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.