

Form P4

(Division of Pensions Regulation, s. 4 (d))

REQUEST BY LIMITED MEMBER FOR TRANSFER OR SEPARATE PENSION

When to Use this Form

A Form P4 is used by a limited member to choose how to receive a share of benefits under a defined benefit provision if the member is not yet receiving a pension.

[Please print]

To: **Administrator of plan**
Name of plan/annuity: **UBC Staff Pension Plan**

Address of administrator/annuity issuer: **201 – 2389 Health Sciences Mall
Vancouver, BC Canada V6T 1Z3
Attention: Margaret Leathley
Pension Administrator**

From: **Spouse of member** [Note: "spouse" includes a person who has lived in a marriage-like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]

Name of spouse _____

Address: _____

Email: _____

Tel: Home _____ Work _____ SIN: _____

Date of Birth: _____

[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]

In relation to: **Plan Member** _____

Address: _____

Email: _____

Tel: Home _____ Work _____

Social Insurance or Pension Plan Identity Number: _____

Employer of member: _____ *[continues on Page 2]*

Request

As the limited member named above, I request [*Check the correct box.*]

- that you
 - (a) transfer from the plan my proportionate share of the commuted value of the member's benefits in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, and
 - (b) advise me in writing of the information that you require in order to do this.

- that you provide me with a separate pension from the plan.

[These options are only available after the member is allowed to receive a pension but the pension has not yet commenced. If this form is used for a supplemental pension plan or a plan for specified individuals, a lump sum transfer is not available, and a separate pension is not available until the member's pension commences, unless the administrator consents.]

Signed (limited member) _____

Date _____

Signed (witness to signature of limited member) _____

Name of Witness _____

Address of Witness _____