



Form 5

Request by Spouse or Common-Law Partner for Information Respecting Member's or Former Member's Pension or Pension Benefit (Pension Benefits Regulations, Section 61)

[Please print]

To: Administrator of pension plan

Name of plan
Address of plan

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

In relation to: Plan member or former member

Name of member or former member
Address
Telephone (home) (work)
Social Insurance or Pension Plan Identity Number
Employer

Declaration of spouse or common-law partner claiming interest

I, (name of spouse or common-law partner) declare that

- (a) the date of marriage or commencement of common-law relationship is
- (b) the date I was separated from the member or former member is; and
- (c) I am claiming an interest in the member's or former member's pension or pension benefit based on Section 61 of the *Pension Benefits Act*.

Signed (spouse or common-law partner)

Date of declaration

Signed (witness to signature of spouse or common-law partner)

Name of witness

Address of witness