

Form 5b
Entitlement of Spouse from
Defined Benefit Plan
Pension Benefits Act, 1997 (the "Act")
Part VI - Marriage Breakdown

Instruction

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Note to Administrator: Complete section 2. Check applicable box in section 3 to indicate the available form(s) of the entitlement.
Note to Spouse/Former Spouse: Check one Direction box in section 3, and return form to administrator within 60 days of receipt.

To: Spouse/Former Spouse of Member

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Name of Spouse/Former Spouse	Social Insurance Number	Date of Birth	Y Y Y Y	M M	D D
			/	/	
Address					Postal Code

Defined Benefit Plan

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1. **Member is not entitled to a deferred pension benefit under Section 43 of the Act.**
 Spouse's entitlement* shall be paid in cash or transferred from the pension plan.

Direction (to be completed by spouse/former spouse):

Pay my entitlement in cash.

Transfer my entitlement as directed on the attached transfer sheet.

2. **Member is entitled to a deferred pension benefit under Section 43 of the Act but the pension has not commenced.**
 Spouse's entitlement* may be transferred from the pension plan or paid as a separate pension** beginning on or after

Y Y Y Y M M D D
 / /

Direction (to be completed by spouse/former spouse):

Transfer my entitlement as directed on the attached transfer sheet.

Designate me a limited member of the pension plan. I understand that, in accordance with Section 52 of the Act, before commencing the separate pension** benefit, I may revoke this election and instead elect to transfer my entitlement from the pension plan.

3. **Member's pension has commenced.**
 Spouse's entitlement* is a separate pension beginning on

Y Y Y Y M M D D
 / /

Direction (to be completed by spouse/former spouse):

Designate me a limited member of the pension plan to receive the above described separate pension.

Signature of Spouse/Former Spouse

Date

Y Y Y Y M M D D
 / /

Witness to Signature of Spouse/Former Spouse

* Proportionate share calculated under Section 30 of the Pension Benefits Act Regulations.
 ** Subject to payment of pension to member - see rights of a limited member under Section 49 of the Act.

PLEASE NOTE

This form is not to be submitted to the Pension Benefit Standards Division, Service NL. If you have questions or comments regarding this form or the associated legislation, please contact the Pension Benefit Standards Division by mail: P.O. Box 8700, St. John's, NL, A1B 4J6, telephone: (709) 729-1039, or facsimile: (709) 729-3205.