

**To Plan Administrator NL Public Service Pension Plan (PSPP)**

**From Spouse/Former Spouse of Member**

_____	_____	_____	_____
First Name	Last Name	Social Insurance Number	Date of Birth
Address 1 _____		City _____	
Address 2 _____		Prov _____	Postal Code _____
Personal Email Address _____			
Phone Number _____		Phone Number (Alternate) _____	

**In Relation to Plan Member**

_____	_____	_____	_____
First Name	Last Name	Social Insurance Number	Date of Birth
Address 1 _____		City _____	
Address 2 _____		Prov _____	Postal Code _____
Personal Email Address _____			
Phone Number _____		Phone Number (Alternate) _____	
Participating Employer _____			

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

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

(a) I was married to the member named above on \_\_\_\_\_

(b) I was seperated from the member on \_\_\_\_\_

(c) I am requesting a division of the member's pension under Section 18 of the Plan Text as set out in 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 Section 18 of the Plan Text

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Witness to Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

The personal information collected or provided 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 Provident<sup>10</sup>.