

## Form P2

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

### REQUEST FOR DESIGNATION AS A LIMITED MEMBER

#### *When to Use this Form*

*A Form P2 is used any time a spouse's share of the benefits remains in the plan/annuity to be administered. The spouse becomes a kind of member/annuitant with respect to the benefits, called a "limited member" and is entitled to receive a proportionate share of*

- *payments under a pension that has commenced,*
- *benefits under a defined benefit provision before pension commencement,*
- *disability benefits under a plan*
- *annuity payments,*
- *benefits that are subject to an original order or agreement made before Part 6 of the Family Law Act came into force, and*
- *benefits in a defined contribution account, if the administrator consents to the spouse's proportionate share remaining in the plan.*

*Form P2 is used in every case for dividing benefits except where benefits in a defined contribution account are being transferred from the plan, when a Form P3 is required. [Please print]*

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**To: Administrator of plan/annuity issuer**

Name of plan/annuity:

**CMAW Target Pension Plan  
c/o Convyta**

Address of administrator/annuity issuer:

**501 - 4445 Lougheed Highway  
Burnaby BC V5C 0E4**

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**From: Spouse of member/annuitant** [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.]*

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**In relation to: Plan member/annuitant**

Name of member/annuitant \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Work \_\_\_\_\_

Social Insurance or Plan Identity Number: \_\_\_\_\_

Employer: \_\_\_\_\_

**Other requirements:**

A copy of the agreement or order dividing the benefits must be provided [*Please attach or enclose the agreement or order with this Form.*]

An administrator/annuity issuer is entitled to charge a fee to register a spouse as a limited member of \$750 (or \$925 if the benefits are in a hybrid plan).

**Request:**

I request that \_\_\_\_\_ [*name of spouse*] be designated as a limited member with respect to the benefits/annuity.

The following applies to a spouse who becomes a limited member:

- for a pension, disability benefits or an annuity that is being paid, this form will also act as a request for the administrator/annuity issuer to pay the limited member his or her proportionate share of those payment;
- for benefits if the pension has not commenced, the administrator will advise the limited member about his or her options for receiving a separate pension, or, in some cases, a transfer of his or her proportionate share from the plan in a lump sum. The limited member may exercise those options by filing a Form P4;
- for benefits in a defined contribution account, the limited member will be entitled to have his or her proportionate share transferred to a separate account in the plan, if the administrator consents.

Signed \_\_\_\_\_ [*This is normally signed by the spouse but may be signed by the member under section 113 (2) of the Family Law Act.*]

Date \_\_\_\_\_

Signed (witness to signature) \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_