

Request for Statement – Division of Pension on Relationship Breakdown

[Manitoba's Pension Benefits Act, 31(3);
Manitoba's Pension Benefits Regulation, 11.11 (1) to (3)]

If a Member and their Spouse or Common-law Partner are living separate and apart due to a relationship breakdown, either party may make a written request for a Statement for Division of Pension by completing this form. The statement will provide the amount of the Member's Credited Service subject to division, the amount of the Spouse/Common-law Partner's entitlement, and the division options.

The below requested information will be used to calculate a benefit and is subject to independent verification. Please ensure dates of cohabitation and separation are agreed upon by both parties before requesting the statement, as agreements signed using incorrect dates are not acceptable.

Please print clearly in BLUE INK

1. Member Information

Member's last name _____ First name _____ Middle initial _____ Member's date of birth (yyyy/mm/dd) _____ Member ID number _____

I have separated from my: Spouse Common-law Partner

Spouse/Common-law Partner's last name _____ First name _____ Middle initial _____ Spouse/Partner's date of birth (yyyy/mm/dd) _____

2. Relationship Time Frame

NOTE: If a relationship breakdown occurs after June 30, 2004, any period of cohabitation immediately prior to marriage is also subject to a division of pension.

Earliest Date cohabitation or marriage began: _____
Year _____ Month _____ Day _____

Date of separation: _____
Year _____ Month _____ Day _____

Period of reconciliation (if applicable): _____ to _____
(yyyy/mm/dd) (yyyy/mm/dd)

3a. Contact Information – Member

Plan Member (employee)

Member's street address _____

City/town _____ Province _____ Postal code _____

Telephone _____ E-mail _____

Plan Member's Legal Representative

Name of legal representative _____

Street address _____

City/town _____ Province _____ Postal code _____

Check box to authorize release of copies of all division of pension correspondence to above-named legal representative

3b. Contact Information – Spouse or Common-Law Partner

Spouse or Common-law Partner

Spouse or Common-law Partner's street address _____

City/town _____ Province _____ Postal code _____

Telephone _____ E-mail _____

Spouse or Common-law Partner's Legal Representative

Name of legal representative _____

Street address _____

City/town _____ Province _____ Postal code _____

Check box to authorize release of copies of all division of pension correspondence to above-named legal representative

4. Authorization

Name of applicant: _____

_____ signature

_____ date