

WINNIPEG POLICE  
PENSION PLAN

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: <input type="checkbox"/> Spouse <input type="checkbox"/> 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):	(yyyy/mm/dd)	to	(yyyy/mm/dd)

3a. Contact Information – Member

Plan Member (employee)	Plan Member’s Legal Representative
Member’s street address	Name of legal representative
City/town	Street address
Province	City/town
Postal code	Province
Telephone	Postal code
E-mail	
<input type="checkbox"/> 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 Legal Representative
Spouse or Common-law Partner’s street address	Name of legal representative
City/town	Street address
Province	City/town
Postal code	Province
Telephone	Postal code
E-mail	
<input type="checkbox"/> 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