



**Teachers'
Pension Plan
Corporation**
NEWFOUNDLAND
& LABRADOR

Form 4 Notice of Intention

Newfoundland and Labrador TPP Plan Text ("Plan Text") Section 17 - Marriage Breakdown

To: Administrator

1	Name of Pension Plan	
	Address	Postal Code

From: Spouse/Former Spouse of Member

2	Name of Spouse/Former Spouse	Social Insurance Number	Date of Birth	Y Y Y Y	M M	D D
				/	/	
	Address	Postal Code				
Contact Telephone Number(s)						

In Relation to: Plan Member

3	Name of Member	Social Insurance Number or Plan Identity Number
	Address	Postal Code
	Contact Telephone Number(s)	
	Employer	

Declaration of Spouse/Former Spouse Claiming Interest

4

I, _____ declare that
Name of Spouse / Former Spouse

(a) I was married to the member named above on _____. (b) I was separated from the member on _____.

(c) I am requesting a division of the member's pension benefit under Section 17 of 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

 	Y Y Y Y M M D D / /	
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OPTIONAL

Declaration of Member

5

I, _____ declare that
Name of Pension Plan Member

(a) I do not object to the division of my pension benefit in the above named pension plan pursuant to the attached copy of the court order/separation agreement; and

(b) I undertake not to file a Notice of Objection or to take any other step whatsoever to prevent the division of my pension benefit in a manner prescribed under Section 17 of Plan Text.

Signature of Member Date Witness to Signature of Member

 	Y Y Y Y M M D D / /	
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PLEASE NOTE

If you have questions or comments regarding this form or the associated legislation, please contact the Teachers' Pension Plan Corporation by mail: 130 Kelsey Drive, Suite 101, St. John's, NL, A1B 0T2, Telephone: (709) 793-8772 Toll Free 1-833-345-8772 Fax: (709) 793-4055, Email: memberservices@tppcnl.ca