

## Marriage Breakdown – Notice of Intention

As per Newfoundland and Labrador Teachers' Pension Plan Plan Text ("Plan Text") Section 17 - Marriage Breakdown, please complete this form and return it to the Teachers' Pension Plan Corporation.

## Section I – SPOUSE/FORMER SPOUSE OF MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	_	
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS			
DATE OF BIRTH				
PHONE NUMBER	PERSONAL EMAIL ADDRES	PERSONAL EMAIL ADDRESS		
Section II – PLAN MEMBER INFORMATION	DN		<u> </u>	
LAST NAME	FIRST NAME	MIDDLE INITIAL	_	
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS			
DATE OF BIRTH				
PHONE NUMBER	PERSONAL EMAIL ADDRES	PERSONAL EMAIL ADDRESS		
EMPLOYER NAME				
LIVIFLOTEIX NAIVIL				
Ι,		declare that:	_	
NAME OF SPOUSE/FORMER	1		1	
I was married to the member name	ed above on:			
b. I was separated from the member	on:			
c. I am requesting a division of the member's pension benefits under Section 17 of Plan Text as set out in the attached		COURT ORDER		
certified copy of the:	set out in the attached	SEPARATION AGREEMEN		
To avoid any delay in processing, please e contains the following:  • date of marriage	ensure that your Court Orde	er or Separation agreement		
date of separation     after a Separation 17 of the New	. for mallonal and Labradon T	Tanaharal Danaian Dlan Dlan Taut		
<ul> <li>reference to Section 17 of the Nev</li> <li>provides the "P" percentage of the 17.5 of the Plan Text</li> </ul>				
SPOUSE/FORMER SPOUSE SIGNATURE		DATE SIGNED		
WITNESS SIGNATURE		DATE SIGNED	_	

## Section IV - OPTIONAL - DECLARATION OF MEMBER

I,		declare that:			
		NAME OF PLAN MEMBER			
	a.	<ul> <li>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</li> </ul>			
	<ul> <li>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.</li> </ul>				
ME	EMBE	BER'S SIGNATURE	DATE SIGNED		
WI	TNE	ESS SIGNATURE	DATE SIGNED		

Please Note: If you have questions or comments regarding this form or Section 17 of Plan Text, please contact the Teachers' Pension Plan Corporation.

