# Form 14 Request to Become a Limited Member



### Why complete this form?

**Complete this form** if the following statements are true:

- You are the spouse of a member, former member, or retired member of a pension plan.
- You do NOT live with your spouse and have no plans to do so in the future.
- Your spouse earned the pension while working in Nova Scotia for an organization that is regulated by the Province of Nova Scotia.
- · You want to become a limited member of your spouse's pension plan

OR

• you want to name a beneficiary of your entitlement under the pension plan.

### **Do NOT complete this form** if the following statements are true:

- You and your spouse have made an unequal division of other assets under the Matrimonial Property
  Act instead of dividing the pension benefit.
- You and your spouse have a domestic contract or court order that states that you are NOT entitled to receive pension benefits.
- You and your spouse have a domestic contract or court order dated BEFORE June 1, 2015 that
  provides for the division of the pension entitlement or the final settlement of your family property
  including the pension entitlement.

### ► Give information about the pension plan Name of pension plan: Registration number: Name of the administrator: Postal code: Phone number: Give information about the member, former member, or retired member 2 Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Address: Phone number: Postal code: Date of birth (yyyy/mm/dd): 3 **Give your personal information** Last name: First name: Middle name:

Postal code: Phone number:

4	•	Attach proof of the period of spousal relation	ship:	
		Copy of court order or domestic contract attached.  Note: You must include all supporting documents with this request unless you have already given them to the administrator.		
5	•	Do you wish to name a beneficiary of your entitlement under the pension plan described at the beginning of this form?		
		No.		
		Yes. Give information about the beneficiary below:		
		Last name:		
		First name:	Middle name:	
		Address:		
			Phone number:	
6	•	Sign the request to become a limited member	r	
6	<b>&gt;</b>		r	
6	<b>&gt;</b>	Sign the request to become a limited member I confirm that the information that I have provided in the	<b>r</b> nis request is, to the best of my knowledge, true and	
6	•	Sign the request to become a limited member I confirm that the information that I have provided in the correct.	r  is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):	
6	<b>&gt;</b>	Sign the request to become a limited member I confirm that the information that I have provided in the correct.  Signature:	ration is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):  Date (yyyy/mm/dd):	
6	•	Sign the request to become a limited member I confirm that the information that I have provided in the correct.  Signature:  Signature of witness:	ration is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):  Date (yyyy/mm/dd):	
6	•	Sign the request to become a limited member I confirm that the information that I have provided in the correct.  Signature:  Signature of witness:  This request must be signed before a witness. Your with the confirmation that I have provided in the correct.	ration is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):  Date (yyyy/mm/dd):	
6	•	Sign the request to become a limited member I confirm that the information that I have provided in the correct.  Signature:  Signature of witness:  This request must be signed before a witness. Your with must be at least 18 years of age  must NOT be your spouse  must see you sign the form	is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):  Date (yyyy/mm/dd):  tness	
6	•	Sign the request to become a limited member I confirm that the information that I have provided in the correct.  Signature:  Signature of witness:  This request must be signed before a witness. Your with must be at least 18 years of age  must NOT be your spouse  must see you sign the form	ration is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):  Date (yyyy/mm/dd):	
7	<b>&gt;</b>	Sign the request to become a limited member I confirm that the information that I have provided in the correct.  Signature:  Signature of witness:  This request must be signed before a witness. Your with must be at least 18 years of age  must NOT be your spouse  must see you sign the form	is request is, to the best of my knowledge, true and  Date (yyyy/mm/dd):  Date (yyyy/mm/dd):  tness	

First name: Middle name:



Address:

Postal code:

Phone number:

## 8 Give this request to the administrator or insurance company that looks after your pension plan.

**Do not give this request** to the Department of Finance and Treasury Board, Pension Regulation Division *It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted upon as genuine.* 

This form is approved by the Superintendent of Pensions under the Pension Benefits Act.

### Questions? Call 902-424-8915 or email pensionreg@novascotia.ca

### How we define spouse, domestic contract, member, and former member

### **Spouse**

- The person you are married to.
- The person you are married to, if the marriage hasn't been legally ended.
- The person you thought you were married to, if you are still living together.
- The person you thought you were married to, if you have lived together in the last 12 months.
- The person who is your registered domestic partner under the Vital Statistics Act.
- The person you have been living with in a sexual relationship for at least one year, if neither of you are married to someone else.
- The person you have been living with in a sexual relationship for at least three years, even if one or both are you are married to someone else.

#### **Domestic contract**

A domestic contract means

- a written agreement that provides for a division between spouses of a pension benefit, deferred pension, or pension.
- · a marriage contract as defined in the Matrimonial Property Act

**Member** – member of a pension plan

Former member – a person who is entitled to pension benefits and

- is no longer employed by the organization that provides the pension
- is no longer a member of the pension plan

Note: A person who had the right to some pension benefits earned by a spouse and is no longer in a relationship with that spouse is NOT considered a former member.

