

FORM P2 (Division of Pensions Regulation, s. 4 (1)(b))

**REQUEST FOR DESIGNATION AS LIMITED MEMBER**

*When to Use this Form*

*A Form P2 is used any time a spouse's share of the benefits remains in the plan/annuity to be administered. The spouse becomes a kind of member/annuitant, with respect to the benefits, called a "limited member" and is entitled to receive a proportionate share of*

- *payments under a pension that has commenced,*
- *benefits under a defined benefit provision before pension commencement,*
- *disability benefits under a plan,*
- *annuity payments,*
- *benefits that are subject to an original order or agreement made before Part 6 of the Family Law Act came into force, and*
- *benefits in a defined contribution account, if the administrator consents to the spouse's proportionate share remaining in the plan.*

*Form P2 is used in every case for dividing benefits except where benefits in a defined contribution account are being transferred from the plan, when a Form P3 is required.*

*[Please print]*

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**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity **The Pulp and Paper Industry Pension Plan**

*[Optional]* Address of administrator/annuity issuer **c/o TELUS Health**

**768 Seymour St, 11th floor, Vancouver BC V6B 3K9**

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**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of Birth \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

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**In relation to: Plan member/annuitant**

[Required] Name of member/annuitant \_\_\_\_\_

[Optional] Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

[Optional] Employer \_\_\_\_\_

**Other requirements:**

A copy of the agreement or order dividing the benefits must be provided. *[Please attach or enclose the agreement or order with this Form.]*

An administrator/annuity issuer is entitled to charge a fee to register a spouse as a limited member of \$1,000 (or \$1,200 if the benefits are in a hybrid plan).

**Request:**

I request that \_\_\_\_\_ *[name of spouse]* be designated as a limited member with respect to the benefits/annuity.

The following apply to a spouse who becomes a limited member:

- for a pension, disability benefits or an annuity that is being paid, this form will also act as a request for the administrator/annuity issuer to pay the limited member their proportionate share of those payments;
- for benefits if the pension has not commenced, the administrator will advise the limited member about their options for receiving a separate pension, or, in some cases, a transfer of their proportionate share from the plan in a lump sum. The limited member may exercise those options by filing a *Form P4*;
- for benefits in a defined contribution account, the limited member will be entitled to have their proportionate share transferred to a separate account in the plan, if the administrator consents.

Signed \_\_\_\_\_ *(This is normally signed by the spouse but may be signed by the member under section 113 (2) of the Family Law Act.)*

Date \_\_\_\_\_