

Part 1 – Identification Active Pensioner Deferred

| Last name | First Name | Emplove Number |
|-----------|------------|----------------|
| | | |

Part 2 – Identification of spouse

| Last name | First Name | | |
|-------------------------|---------------------------------------|---|--|
| | | | |
| Social insurance number | Date of birth year month day | Sex | Language of correspondence |
| | / / | M <input type="checkbox"/> F <input type="checkbox"/> | French <input type="checkbox"/> English <input type="checkbox"/> |
| Address | | | Telephone (work) |
| | | | () |

Part 3 – Date of assessment of benefits (Separation, Marital Breakdown)

We will provide a pension estimate from the date you were married until the date you separated from your spouse. For a common-law relationship, the “marriage date” is the earlier of either the first day of the fourth year you were living in a continuous conjugal relationship

| Marriage date or common-law date year month day | Date spouses ceased living together (separation) year month day |
|--|--|
| / / | / / |

Part 4 – Identification of applicant’s authorized representative (if applicable)

If you would like the valuation information forwarded to your legal counsel or mediator and/or actuary.
I, the undersigned authorize, University of Ottawa to release my pension information

Signature of member: _____

| Last name | First name |
|--|-----------------|
| | |
| Name of legal firm or corporate name (if applicable) | |
| | |
| Telephone (area code) / Extention | Fax (area code) |
| () | () |
| Address | |
| | |

Part 5 – Documents to be provided

Marriage certificate Common Law: Declaration of spouse Birth Certificate Member (and spouse) /Dependents Form

Part 6 – Signature of applicant

Plan provision and administration.
It should be noted that under the Ontario Pension Benefits Act, RSO 1990, there can be no pension payments made before the earlier of normal retirement date or the date on which the pension benefits commences. Furthermore, no pension monies can be paid unless the member terminates, dies, retires, or reach normal retirement. Please refer to our pension fact sheet entitled “Marriage Breakdown” for further information on plan provisions. Any agreement or court order will have to be provided to the pension sector for proper administration.

I hereby request the statement of benefits accrued under the pension plan certify that the information provided in this form and in the enclosed documents is complete and accurate.

| Signature | Date year month day | Telephone (area code) / Ext. |
|-----------|------------------------------|---------------------------------|
| | / / | () |

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