

FORM P3 (Division of Pensions Regulation, s.4 (c))  
**REQUEST FOR TRANSFER FROM  
DEFINED CONTRIBUTION ACCOUNT**

*When to Use this Form*

A *Form P3* is used when

- there is an agreement or order dividing the benefits,
- the benefits are in a defined contribution account, and
- the spouse wants the spouse's proportionate share transferred to another plan (such as an RRSP).

*[Please print]*

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**To: Administrator of plan**

Name of plan University of Victoria Combination Pension Plan  
Address of administrator PO Box 1700 STN CSC  
Victoria BC V8W 2Y2

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

Name of spouse \_\_\_\_\_  
Address \_\_\_\_\_  
Email address \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_

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

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**In relation to: Plan member**

Name of member \_\_\_\_\_  
Address \_\_\_\_\_  
Email address \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Social Insurance or Pension Plan Identity Number \_\_\_\_\_  
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 is entitled to charge a fee to transfer the benefits from the defined contribution account of \$175.

**Request:**

I request that you

- (a) transfer my proportionate share of the member's defined contribution account from the plan in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, and
- (b) advise me in writing of the information that you require in order to do this.

Signed (*spouse*) \_\_\_\_\_

Date \_\_\_\_\_

Signed (*witness to signature of spouse*) \_\_\_\_\_

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

\_\_\_\_\_