

**FORM P4 (Division of Pensions Regulation, s.4 (d))  
REQUEST BY LIMITED MEMBER  
FOR TRANSFER OR SEPARATE PENSION**

*When to Use this Form*

A *Form P4* is used by a limited member to choose how to receive a share of benefits under a defined benefit provision if the member is not yet receiving a pension.

*[Please print]*

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**To: Administrator of plan**

Name of plan WorkSafeBC Pension Plan  
Address of administrator PO Box 9460  
Victoria BC V8W 9V8

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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 \_\_\_\_\_  
Date of Birth \_\_\_\_\_

*[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 of member \_\_\_\_\_

**Request:**

As the limited member named above, I request *[check the correct box]*

- that you
  - (a) transfer from the plan my proportionate share of the commuted value of the member's benefits 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.
  
- that you provide me with a separate pension from the plan.

*[These options are only available after the member is allowed to receive a pension but the pension has not yet commenced. If this form is used for a supplemental pension plan or a plan for specified individuals, a lump sum transfer is not available, and a separate pension is not available until the member's pension commences, unless the administrator consents.]*

Signed (*limited member*) \_\_\_\_\_

Date \_\_\_\_\_

Signed (*witness to signature of limited member*) \_\_\_\_\_

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

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

\_\_\_\_\_