

**Application for Information regarding the Division of  
Pension Assets for Contributors involved in Marriage Breakdown**

This application form applies only to those pension plans sponsored by the Province of New Brunswick, which permit transfers upon marriage breakdown. Agreements or court orders must be dated **after December 31, 1996**. Please print or type, except for signature.

Most recent department, school district, hospital or agency where employed: \_\_\_\_\_

Name of contributor (or pensioner): \_\_\_\_\_

SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ (A photocopy of the birth certificate must be attached.)

Mailing address (c/o attorney if applicable): \_\_\_\_\_

Name of (former) spouse: \_\_\_\_\_

SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ (A photocopy of the birth certificate must be attached.)

**I, the above contributor or pensioner, hereby consent and authorize / do not consent or authorize (Cross out the one that does not apply.) that a copy of the requested information be sent to the above spouse at the address below. Initials: \_\_\_\_\_**

Mailing address (c/o attorney if applicable): \_\_\_\_\_

Date of marriage of persons named above: \_\_\_\_\_ (Proof of marriage must be attached.)

Date (officially recognized) of marriage breakdown: \_\_\_\_\_ (No projected dates will be processed.)

I, the above named contributor or pensioner, confirm that all the above information is true and accurate. I hereby request that the Compensation and Employee Benefits Division of the Office of Human Resources calculate, in accordance with respective pension plan rules, the amount available for transfer as of the date of marriage breakdown for the purposes of division of marital property. I further request that this information be communicated to the parties (or to their attorneys) as indicated above.

Signature of contributor: \_\_\_\_\_ Date: \_\_\_\_\_

In addition to the information and documents requested on this form, for the purpose of this calculation the Compensation and Employee Benefits Division requires a salary history for the 5 year period prior to the date of marriage breakdown.

\_\_\_\_ I have obtained this information from my Employer and it is attached, or

\_\_\_\_ I hereby consent and authorize the CEBD to request a salary history from my employer for the purpose of this calculation.

Signature of contributor: \_\_\_\_\_ Date: \_\_\_\_\_

**If instead of this application a court order is submitted, the information requested on this form must be attached.**

Forward documentation to: Compensation and Employee Benefits Division, P. O. Box 6000, Fredericton, N. B., E3B 5H1.