

**FORM P2 (Division of Pensions Regulation, s.4 (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**

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

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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.]*

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

Name of member/annuitant \_\_\_\_\_  
Address \_\_\_\_\_  
Email address \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Social Insurance or 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/annuity issuer is entitled to charge a fee to register a spouse as a limited member of \$750 (or \$925 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 applies 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 his or her proportionate share of those payments;
- for benefits if the pension has not commenced, the administrator will advise the limited member about his or her options for receiving a separate pension, or, in some cases, a transfer of his or her 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 his or her 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 \_\_\_\_\_

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

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

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

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