

Form 8

Notice of Receipt

(Pension Benefits Regulations, Sections 71, 72 and 74)

[Please print]

To: Plan member or former member

Name of member or former member

Address

.....

Social Insurance or Pension Plan Identity Number

Employer

From: Pension Plan

Name of pension plan

Address of plan administrator

.....

Contact person

Telephone

Receipt of Notice

We have received the following notice under the *Pension Benefits Act* and regulations in relation to your membership in our pension plan (check one):

- Form 5: Request by Spouse or Common-Law Partner for Information on Member's or Former Member's Pension or Pension Benefit
- Form 6: Request for Designation as Limited Member of Pension Plan
- Form 7: Request for Transfer of a Defined Contribution Benefit or a Defined Benefit

From[name as shown on notice]

Dated[date of notice]