

MUNICIPAL EMPLOYEES BENEFITS PROGRAM
Relationship Breakdown Data Sheet

This form provides MEBP with the information required to calculate the value of your pension benefit earned during the period of the relationship. Please see the "Employees" Section of the MEBP website for additional information on Relationship Breakdown.

Member Information

I hereby acknowledge that my spouse or common-law partner and I are living separate and apart, and at this time I wish to request a Relationship Breakdown Statement earned during the period of the relationship.

Member Name: _____

Email Address: _____ Phone No. _____

Mailing Address: _____
Street or Box number City/Town Prov Postal Code

Name of spouse/common-law partner to which the relationship breakdown applies:

Relationship Breakdown Information - Note: if there was a period of common-law immediately prior to the date of marriage, the date of common-law is required.

Date common-law relationship began: _____
(year/month/day)

Date of marriage: _____
(year/month/day)

Date you and your spouse/common-partner began living separate and apart (separation date):

(year/month/day)

Authorization

I authorize MEBP to release information to my legal representative. No Yes

If yes, please provide name and address:

Lawyer's Name: _____ Phone: _____

Mailing Address: _____
Street or Box number City/Town Prov Postal Code

The Pension Benefits Regulation requires that the MEPP provide both the member and a member's former spouse or common-law partner with the Relationship Breakdown Statement.

I authorize MEBP to provide a copy of the Relationship Breakdown Statement to my spouse or common-law partner to which the relationship breakdown applies and have provided the following address:

Street or Box number City/Town Prov Postal Code

I do not want MEBP to provide a copy of the Relationship Breakdown Statement to my spouse or common-law partner to which the relationship breakdown applies at this point in time. I will deal with the matter on my own or through my legal representative.

Date: _____ Signature: _____