

Application for a Statement of Benefits for family mediation Beneva Inc., CP 10510, succ Sainte-Foy, Québec QC G1V 0A3

· Please print.

1. Instructions

Note: You must both sign here.

This application must be sent to the pension plan administrator. The plan administrator has 60 days after receiving the application to send the statement to the plan member and the spouse. Contact information is indicated below.

The application can be signed jointly or otherwise. However, regardless of who makes the application, two copies of the statement will be issued and one copy will be sent to the plan member and the other to the spouse.

| Last name Plan member identification number | | | First name Name of the pension plan | | | | | | | |
|--|-----------------------------|-----------------|--------------------------------------|-------------|--|---------------|--------|----------|---------|-------------|
| | | | | | | Address (No.) | Street | | | Apt. |
| | | | | | | City | | Province | Country | Postal code |
| Home tel. | Work tel. | Ext. | Email address | | | | | | | |
| 3. Spouse's info | ormation | | | | | | | | | |
| Last name | | | First name | | | | | | | |
| Address (No.) | Street | | | Apt. | | | | | | |
| City | | Province | Country | Postal code | | | | | | |
| Home tel. | Work tel. | Ext. | Email address | | | | | | | |
| 4 Attactation o | f the and of the cor | iugal ralationa | hin | | | | | | | |
| | f the end of the cor | | - | | | | | | | |
| We attest that our conjug | gal relationship ended on 📉 | Y Y Y M M D | D | | | | | | | |
| X | | | X | | | | | | | |
| | | | | | | | | | | |

| 5. Mediator's attestation | | | | | | | |
|---|--|--------------------------|------------------------------------|------|--|--|--|
| confirm that I am a certified mediator and I have been mandated by the spouses to conduct family mediation. | | | | | | | |
| X | | | | | | | |
| Signature of the mediator | | | | | | | |
| Full name | | Telephone | Ext. | | | | |
| 6. Documents to be submitted (see the i | nstructions) | | | | | | |
| Proof of the date of marriage | | | | | | | |
| Note: To obtain a marriage certificate, see the <i>Directeur de l'éta</i> Act" column. | at civil www.etatcivil.gouv.qc.ca/en/default.htt | ml website, under the "A | Apply for a Certificate and a Copy | of a | | | |
| 7. Signature of the applicant | | | | | | | |
| I am applying to receive a statement of the value of the accr | ued pension plan benefits on the date of th | ne end of our conjugal i | relationship. | | | | |
| X | | | | | | | |
| Signature of the applicant | | | | | | | |
| | | | | | | | |

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at www.beneva.ca.

Full name

Date