McMaster University
Human Resources Services

MARRIAGE BREAKDOWN
PENSION VALUATION REQUEST FORM

Please Note: *A $75.00 cheque payable to McMaster University should accompany this form. Please return to Human Resources Services, CSB Room 202*

Name of Employee _____

Employee I.D. Number _____

Name of Spouse _____

Date of Marriage _____ /_____ /_____
Month Day Year

Date of Separation* _____ /_____ /_____
Month Day Year

If you would like the valuation information forwarded to your legal counsel, please complete the following:

I, the undersigned _____ authorize McMaster University to release my pension information to:

_____
Name of Law Firm

_____
Address of Law Firm

_____
Name of Lawyer

_____ _____
Employee Signature Date

*Please make this request once a separation date has been agreed upon. Return the completed form to Human Resources Services 1280 Main Street West, Hamilton, ON L8S 4L8 located in CSB Room 202.