



IMPORTANT

- Read the User Guide and Questions and Answers before completing this Application Form.
- You may want to get legal advice before completing this Application Form.
- This Application Form must be completed by either the Plan Member or the married spouse/formerly married spouse of the Plan Member in order to get the Family Law Value of a pension. [Note: "Family Law Value" means the "imputed value" under the Ontario *Pension Benefits Act*.]
- If you are/were in a common-law relationship, only the Plan Member may complete this Application Form.
- You cannot use this Application Form if you have a court order, family arbitration award or domestic contract (e.g. separation agreement) that was made before January 1, 2012, and dealt with the pension assets.
- You must complete this Application Form, provide all required documents and pay the fee (if any) in order to get your Family Law Value from the pension plan administrator (Plan Administrator). Contact the Plan Administrator for the fee information.
- Send your completed Application Form to the Plan Administrator. **DO NOT SEND YOUR APPLICATION FORM TO THE FINANCIAL SERVICES COMMISSION OF ONTARIO (FSCO).**

Part A Applicant Information

Last Name	First Name and Initials
I am the:	
<input type="checkbox"/> Plan Member (active, former or retired) or <input type="checkbox"/> spouse/former spouse who is or was married to the Plan Member	

Part B Pension Plan Information

Name of Pension Plan		Pension Plan Registration Number
Name of Employer/Union/Professional Association		
Plan Administrator		
Mailing Address of Plan Administrator (Street Number and Name)		Suite/Floor No.
City	Province	Postal Code
Telephone Number ()	Fax Number ()	Website Address (If Available)

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**Part C
Plan Member Information**

Last Name		First Name and Initials	Date of Birth (yyyy/mm/dd)
Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	
Telephone Number (Main) ()	Telephone Number (Other) ()	Fax Number ()	
Plan Member's Employee/Pension Plan Identification Number (if known)		E-mail Address of Plan Member (if known)	

Contact Person for the Plan Member (Optional)

Contact Person Authorization (FSCO Family Law Form 3) is attached.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Last Name	First Name and Initials	<input type="checkbox"/> Lawyer <input type="checkbox"/> Other	
Name of Company/Firm (if applicable)			
Mailing Address (Street Number and Name)			Suite/Floor No.
City	Province	Postal Code	
Telephone Number (Main) ()	Telephone Number (Other) ()	Fax Number ()	
Contact Person E-Mail Address (if known)			

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**Part D
Spouse/Former Spouse of the Plan Member Information**

Last Name		First Name and Initials	Date of Birth (yyyy/mm/dd)
Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	
Telephone Number (Main) ()	Telephone Number (Other) ()	Fax Number ()	
E-mail Address of spouse/former spouse (if known)			
Was this person the spouse of the Plan Member on the date the Plan Member retired?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Plan Member has not retired			

Contact Person for the Spouse/Former Spouse of the Plan Member (Optional)

Contact Person Authorization (FSCO Family Law Form 3) is attached.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Last Name	First Name and Initials	<input type="checkbox"/> Lawyer <input type="checkbox"/> Other	
Name of Company/Firm (if applicable)			
Mailing Address (Street Number and Name)			Suite/Floor No.
City	Province	Postal Code	
Telephone Number (Main) ()	Telephone Number (Other) ()	Fax Number ()	
Contact Person E-Mail Address (if known)			

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Part E
Starting Date of Spousal Relationship (Married or Common-Law)

Pick ONE and give the date.

NOTE: Proof of the starting date of your spousal relationship MUST be attached (see **Part E** of the User Guide for this Application Form).

<input type="checkbox"/> Date of marriage:	Date (yyyy/mm/dd)
<input type="checkbox"/> Date when you and your spouse/former spouse started living together in a common-law relationship:	Date (yyyy/mm/dd)
<input type="checkbox"/> Date that is jointly chosen by you and your spouse/former spouse (this date cannot be earlier than the date when you started living together in a common-law relationship or later than the date of your marriage):	Date (yyyy/mm/dd)
<input type="checkbox"/> Date specified in a court order or a family arbitration award:	Date (yyyy/mm/dd)

Part F
Separation Date (Family Law Valuation Date)

**If you and your spouse/former spouse agree on your separation date, complete ONE of the following.
 If you cannot agree on your separation date, complete Appendix A of this Application Form (instead of this Part F).**

NOTE: Proof of your separation date MUST be attached (see **Part F** of the User Guide for this Application Form).

<input type="checkbox"/> Date when you separated from your spouse/former spouse and there was no reasonable prospect that you would resume living together:	Date (yyyy/mm/dd)
<input type="checkbox"/> Date your divorce was granted:	Date (yyyy/mm/dd)
<input type="checkbox"/> Date specified in a court order or family arbitration award:	Date (yyyy/mm/dd)
<input type="checkbox"/> Other (please specify):	Date (yyyy/mm/dd)

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Part G
Documents and Fee

Required Documents

The following documents **MUST** be included with this Application Form unless the Plan Administrator already has them. **The Plan Administrator will not provide you with your Family Law Value without the required documents.** Confirm that you have included each by checking the boxes:

- Proof of Plan Member's date of birth (e.g. certified copy of a birth certificate, baptismal certificate, passport)
- Proof of Plan Member's date of birth has already been provided to the Plan Administrator
- Proof of date of birth of the spouse/former spouse of the Plan Member (e.g. certified copy of a birth certificate, baptismal certificate, passport)
- Proof of date of birth of the spouse/former spouse of the Plan Member has already been provided to the Plan Administrator

Proof of the starting date of your spousal relationship (married or common-law). Provide **one** of the following:

- Certified copy of your marriage certificate
- Joint Declaration of Period of Spousal Relationship (FSCO Family Law Form 2)**
- Certified copy of a court order, family arbitration award or domestic contract

Proof of your separation date. Provide **one** of the following:

- Joint Declaration of Period of Spousal Relationship (FSCO Family Law Form 2)**
- Appendix A of this Application for Family Law Value (FSCO Family Law Form 1)**
- Certified copy of a court order, family arbitration award or domestic contract

Additional Documents (Check all boxes that apply)

- I am including a **Contact Person Authorization (FSCO Family Law Form 3)** for the Plan Member.
- I am including a **Contact Person Authorization (FSCO Family Law Form 3)** for the spouse/former spouse of the Plan Member.
- I have provided information about my spouse's/former spouse's contact person under **Part D** of this Application Form, but I am not including a **Contact Person Authorization (FSCO Family Law Form 3)** for this person.
- Other Contact Person Authorization (power of attorney for property, court order).

Required Fee (Check the box that applies to you)

The Plan Administrator is not required to calculate your Family Law Value unless you pay the fee (if any).

- I do not know if there is a fee or what the fee is. Please provide this information.
- Enclosed is the fee of \$ _____ for my application, payable as instructed by the Plan Administrator.
- The Plan Administrator does not charge a fee.

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Administrator
Use**

**Part H
Declaration**

I declare that to the best of my knowledge, the information that I have provided in this Application Form is correct.

I understand that a **Statement of Family Law Value (FSCO Family Law Form 4)** is required to be delivered to both me and my **spouse/former spouse** (i.e. to the person identified in **Part C** or **Part D**) above by the Plan Administrator within 60 days of receiving a complete application, including all required documents and the fee (if any).

Signature of Applicant	Name of Applicant (printed)	Date (yyyy/mm/dd)
Signature of Witness	Name of Witness (printed)	Date (yyyy/mm/dd)

Witness Contact Information

Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	Telephone Number (Main) ()

IMPORTANT

Send your completed Application Form to the Plan Administrator identified in Part B. **Do not send your Application Form to the Financial Services Commission of Ontario.**

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Appendix A – Request for Two Family Law Values

Who Should Complete Appendix A?

Both you and your spouse/former spouse should complete **Appendix A** if you **have not agreed** on or **have not determined** your separation date (Family Law Valuation Date) and want to propose two different dates in order to obtain two different Family Law Values.

If you and your spouse/former spouse **agree** on your separation date, **do not complete this Appendix**. Complete **Part F** of this **Application for Family Law Value (FSCO Family Law Form 1)** instead.

Joint Declaration:

By completing this **Appendix A**, my spouse/former spouse and I confirm and attest to the following:

- We do not agree on or have not determined our separation date (Family Law Valuation Date).
- No Family Law Valuation Date has otherwise been determined or declared in a court order, family arbitration award or domestic contract.
- We understand the separation date is needed to calculate the Family Law Value.
- We propose the following dates be used in order to calculate two separate Family Law Values.

Proposed Separation Date #1:	(yyyy/mm/dd)	Proposed Separation Date #2:	(yyyy/mm/dd)
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We understand that by completing this **Appendix A**, each of us will be receiving **two Statements of Family Law Value (FSCO Family Law Form 4)**, one Statement for each of the two proposed dates above.

We understand that we may be required to pay two fees (one for each proposed date).

We understand that the Plan Administrator must be provided with the court order, family arbitration award or domestic contract that sets out our actual separation date (Family Law Valuation Date), along with an **Application to Transfer the Family Law Value (FSCO Family Law Form 5)**, or an **Application to Divide a Retired Member's Pension (FSCO Family Law Form 6)**, as applicable, before the spouse/former spouse of the Plan Member will be paid his or her share of the Family Law Value.

Plan Member

Signature of Plan Member	Name of Plan Member (printed)	Date (yyyy/mm/dd)
Signature of Witness	Name of Witness (printed)	Date (yyyy/mm/dd)

Witness Contact Information

Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	Telephone Number (Main) ()

Spouse/Former Spouse of the Plan Member

Signature of Spouse/Former Spouse of the Plan Member	Name of Spouse/Former Spouse of the Plan Member (printed)	Date (yyyy/mm/dd)
Signature of Witness	Name of Witness (printed)	Date (yyyy/mm/dd)

Witness Contact Information

Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	Telephone Number (Main) ()

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