



Approved by the Superintendent of Financial Services pursuant to
the *Pension Benefits Act*, R.S.O. 1990, c. P.8

IMPORTANT

- Read the User Guide and Questions and Answers before completing this form.
- You may want to get legal advice before completing this form.
- This form should be completed if:
 - (i) the Plan Member has a Contact Person who is identified under Part C of the Application for Family Law Value (FSCO Family Law Form 1); or
 - (ii) the spouse/former spouse of the Plan Member has a Contact Person who is identified under Part D of the Application for Family Law Value (FSCO Family Law Form 1).
- By completing this form, you are authorizing a contact person to communicate with the pension plan administrator (Plan Administrator) about the calculation and division of your Family Law Value. [Note: "Family Law Value" means the "imputed value" under the Ontario *Pension Benefits Act*.]
- If you have a person who is acting on your behalf under a power of attorney for property or a court order, do not complete this form. Instead, provide the Plan Administrator with a certified copy of the power of attorney for property or the court order.
- Send this form to the Plan Administrator with your Application for Family Law Value (FSCO Family Law Form 1). **DO NOT SEND THIS FORM TO THE FINANCIAL SERVICES COMMISSION OF ONTARIO (FSCO).**

Part A
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

**For Plan
Administrator
Use**

**Part B
Identify Yourself**

I am the:		
<input type="checkbox"/> Plan Member (Active, Former or Retired) <input type="checkbox"/> Spouse/Former Spouse of the Plan Member		
Last Name	First Name and Initials	Date of Birth (yyyy/mm/dd)
Plan Member's Employee/Pension Plan Identification Number (if known)		

**Part C
Identify Your Contact Person**

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)		

**Part D
Your Authorization for the Contact Person**

I authorize the person identified in **Part C** above to receive from, provide to, discuss with (by telephone or any other methods of communication) and request from the Plan Administrator (or the Plan Administrator's authorized agent or representative) any and all information that relates to the calculation and division of the Family Law Value.

_____ Signature of the person who is identified in Part B above	_____ Name of the person who is identified in Part B above (printed)	_____ Dated (yyyy/mm/dd)
_____ Signature of Witness	_____ Name of Witness (printed)	_____ Dated (yyyy/mm/dd)

Witness Contact Information

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

For Plan Administrator Use	
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