Financial Services Regulatory Authority of Ontario

Ontario

Application for Family Law Value – Variable Benefit Account FSRA Family Law Form FL-VB1

(Under Section 67.7(4) of the Pension Benefits Act)

Approved pursuant to the *Pension Benefits Act,* R.S.O.1990, c. P.8

What you need to know 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 Retired Member or the married spouse/formerly married spouse of the Retired Member in order to get the Family Law Value of the variable benefit account. [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 Retired Member may complete this Application Form.
- You must complete this Application Form, provide all required documents and pay the fee (if any) in order to get the Family Law Value of the variable benefit account 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 THIS APPLICATION FORM TO THE FINANCIAL SERVICES REGULATORY AUTHORITY OF ONTARIO (FSRA).**

Part A – Applicant Information

Last Name	First Name and initials

I am the:

◯ Retired Member

◯ Retired Member's spouse (who is or was married to the Retired Member)

Part B – Pension Plan Information

Name of Pension Plan	Registration Number

Name of Employer/Union/Professional Association

Plan Administrator

Mailing Address of Plan Administrator

Unit Number	Street Number	Street Name	
City		**Province**	**Postal Code**

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Part C – Information about the Retired Member

Last Name	First Name and initials	Date of Birth (yyyy/mm/dd)

Mailing Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Telephone Number (Main)		Telephone Number (Other)	Fax Number
Retired Member's Employee/Pension Plan Identification Number (if known)		E-mail Address of Retired Member (if known)	

☐ I do not know the Retired Member's contact information. This information will be provided by the Retired Member or his/her representative.

Notes:

- Your application will not be considered complete until the Plan Administrator has the contact information for both you and your spouse, as the **Statement of Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB4)** must be provided to both of you at the same time.
- The Retired Member may complete **Contact Person Authorization – Variable Benefit Account (FSRA Family Law Form FL-VB3)** or provide the contact person information and authorization in another document.

Part D – Information about the Retired Member's Spouse

Last Name	First Name and Initials	Date of Birth (yyyy/mm/dd)

Mailing Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Telephone Number (Main)		Telephone Number (Other)	Fax Number
E-mail Address of spouse (if known)			

☐ I do not know my spouse's contact information. This information will be provided by my spouse or my spouse's representative.

Notes:

- Your application will not be considered complete until the Plan Administrator has the contact information for both you and your spouse, as the **Statement of Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB4)** must be provided to both of you at the same time.
- The Retired Member's spouse may complete **Contact Person Authorization – Variable Benefit Account (FSRA Family Law Form FL-VB3)** or provide the contact person information and authorization in another document.

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

Pick **ONE** of the following and give the date.

◯ Date of marriage

◯ Date when you and your spouse started living together in a common-law relationship

◯ Date that is jointly chosen by you and your 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 specified in a court order or a family arbitration award

Date (yyyy/mm/dd) _____

Note: You must provide proof of the starting date of your spousal relationship.

Part F – Family Law Valuation Date (Separation Date)

If you and your spouse **cannot agree** on your Family Law Valuation Date, complete **Appendix A** of this Application Form (instead of this Part F).

If you and your spouse **agree** on your Family Law Valuation Date, pick **ONE** of the following and give the date.

◯ Date when you separated from your spouse and there was no reasonable prospect that you would resume living together

◯ Date your divorce was granted

◯ Date specified in a court order or family arbitration award

◯ Other (specify) _____

Date (yyyy/mm/dd) _____

Note: You must provide proof of your Family Law Valuation Date.

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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 of the variable benefit account without the required documents**. Confirm that you have included each by selecting the following that apply:

☐ Proof of Retired Member's date of birth (e.g. copy of a birth certificate, baptismal certificate, passport)

☐ Proof of Retired Member's date of birth has already been provided to the Plan Administrator

☐ Proof of date of birth of the Retired Member's spouse (e.g. copy of a birth certificate, baptismal certificate, passport)

☐ Proof of date of birth of the Retired Member's spouse 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 – Variable Benefit Account (FSRA Family Law Form FL-VB2)

○ Certified copy of a court order, family arbitration award or domestic contract

Proof of your Family Law Valuation Date (separation date). Provide **one** of the following:

○ Joint Declaration of Period of Spousal Relationship – Variable Benefit Account (FSRA Family Law Form FL-VB2)

○ Appendix A of this Application for Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB1)

○ Certified copy of a court order, family arbitration award or domestic contract

Additional Documents (if applicable). The following are included:

☐ I am including a Contact Person Authorization – Variable Benefit Account (FSRA Family Law Form FL-VB3) for the Retired Member.

☐ I am including a Contact Person Authorization – Variable Benefit Account (FSRA Family Law Form FL-VB3) for the Retired Member's spouse.

☐ Other Contact Person Authorization (e.g. power of attorney for property, court order).

Required Fee

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

Select one of the following:

○ The Plan Administrator does not charge a fee.

○ Fee is enclosed. Amount: $ _____

Part H – Declaration

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

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

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Appendix A – Request for Two Family Law Values

Who should complete this Appendix?

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

If you and your spouse **agree** on your Family Law Valuation Date, **do not complete this Appendix.** Complete **Part F** of this Application Form instead.

Joint Declaration:

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

- We do not agree on or have not determined our 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 Family Law Valuation Date is needed to calculate the Family Law Value of the variable benefit account.
- We propose the following dates be used in order to calculate two separate Family Law Values of the variable benefit account.

Proposed Family Law Valuation Date #1 (yyyy/mm/dd): _____

Proposed Family Law Valuation Date #2 (yyyy/mm/dd): _____

We understand that by completing this **Appendix**, each of us will be receiving **two Statements of Family Law Value - Variable Benefit Account (FSRA Family Law Form FL-VB4)**, one Statement for each of the two proposed dates.

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 final court order, family arbitration award or domestic contract that sets out our actual Family Law Valuation Date. This information must be included with an **Application to Transfer the Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB5)**, before the Retired Member's spouse will be paid his or her share of the Family Law Value of the variable benefit account.

Retired Member

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

Retired Member's Spouse

Name of Retired Member's Spouse (printed)	Signature of Retired Member's Spouse	Date (yyyy/mm/dd)

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