FSRA
Financial Services Regulatory Authority of Ontario

Ontario

Contact Person Authorization – Variable Benefit Account FSRA Family Law Form FL-VB3

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

What you need to know before completing this Form

- Use this form if you (the Retired Member or the Retired Member's spouse) want to authorize your lawyer or another person to communicate with, receive and/or request information from the pension plan administrator (Plan Administrator) about the calculation and division of the Family Law Value of the variable benefit account. Once the Plan Administrator receives a completed **Application for Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB1)**, including all required documents and the fee (if any), you will be provided with a copy of the **Statement of Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB4)**. [Note: "Family Law Value" means the "imputed value" under the Ontario *Pension Benefits Act*.]
- The Plan Administrator is required by law to provide both you and your spouse with a **Statement of Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB4)** upon receipt of a completed **Application for Family Law Value – Variable Benefit Account (FSRA Family Law Form FL-VB1).**
- 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 – Variable Benefit Account (FSRA Family Law Form FL-VB1). DO NOT SEND THIS FORM TO THE FINANCIAL SERVICES REGULATORY AUTHORITY OF ONTARIO (FSRA)**.

Part A – 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 B – Identify Yourself

I am the:

◯ Retired Member

◯ Retired Member's spouse

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

Retired Member's Employee/Pension Plan Identification Number (if known)

Part C – Identify Your Contact Person

Last Name	First Name and Initials	My contact is: ◯ Lawyer ◯ Other

Name of Company/Firm (if applicable)

Mailing Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Telephone Number (Main)		Telephone Number (Other)	Fax Number

Contact Person's E-Mail Address (if known)

Part D – Your Authorization for the Contact Person

I authorize the person identified in **Part C** 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 of the variable benefit account.

Name of the person who is identified in **Part B** (printed)	Signature of the person who is identified in **Part B**	Date (yyyy/mm/dd)

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