FSRA
Financial Services Regulatory Authority of Ontario

Ontario

Spouse's Application to Divide a Retired Member's Pension – Special (Combined Option)

Family Law Form FL–6S

(Under section 67.4(2) of the Pension Benefits Act)

What you need to know before completing this pension division form

- This pension division form is to be completed by a Retired Member's spouse. The purpose of the form is to direct the plan administrator to start the pension division authorized in a court order, family arbitration award or domestic contract (e.g., separation agreement) that was made after January 1, 2012.
- You cannot use this pension division form if you have not received a **Statement of Family Law Value (Family Law Form FL–4E)** from the plan administrator that offers the combined option under **Part E** of that Statement.
- The Retired Member does not have to complete any part of this form.
- Send your completed pension division form to the plan administrator as soon as you have the required document in **Part D**.
- Do not send this form to the Financial Services Regulatory Authority of Ontario (FSRA).
- See the Pensions and Marriage Breakdown – a Guide for Members and their Spouses for more information.

Part A – Pension Plan Information

Name of Pension Plan	Registration Number

Name of Employer/Union/Professional Association

Plan Administrator

Part B – Information about Yourself

Last Name	First Name	Initials

Date of Birth (yyyy/mm/dd)	Social Insurance Number

Your Contact Information

Unit Number	Street Number	Street Name		
City	Province/State	Country	Postal Code/Zip Code	
Telephone Number (main)	Telephone Number (other)	E-mail Address		

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Part C – Information about Your Spouse (the Retired Member)

Last Name	First Name	Initials

Date of Birth (yyyy/mm/dd)	Employee/Pension Plan Identification Number, if applicable

Part D – Required Document

This application **must include** a certified copy of a court order made under Part I (Family Property) of the Ontario Family Law Act, a family arbitration award or a domestic contract, which was made after January 1, 2012, and that:

- states your family law valuation date;
- includes the name of the pension plan (as stated in **Part B** of the **Statement of Family Law Value**);
- authorizes the division of the Retired Member's pension; and
- states your portion as either a specified amount ($) or a percentage (%) of the Retired Member's pension (see the **Statement of Family Law Value** for the maximum payable).

If you received more than one **Statement of Family Law Value**, you must report the family law valuation date that was used in the calculation of your portion of the pension.

Part E – Waiving My Right to the Survivor Benefit Payable to Me After the Death of the Retired Member in Order to Select the Combined Option Pension

My spouse, who is the Retired Member identified in **Part C** of this pension division form, is currently receiving a **joint and survivor pension** under the pension plan.

I understand that:

- I am entitled to be paid a survivor benefit from the pension plan if the Retired Member dies before me.
- By selecting the combined option pension, I am giving up my right to receive the survivor benefit from the pension plan. Instead, I will receive a pension that includes the value of this survivor benefit plus my portion of the family law value of the Retired Member's pension.
- This pension will be paid to me for my lifetime and will stop on my death.
- I cannot change my mind once I have given this completed pension division form to the plan administrator.

By signing **Part E**, I give up (waive) my right to receive a survivor benefit from the pension plan in order to select the combined option pension.

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

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

Note: You must sign, print your name and date **Part E** in the presence of a witness. Note that your witness:

- must be at least 18 years of age;
- must see you sign **Part E**; and
- must also sign, print their name and date **Part E** immediately after seeing you sign and date **Part E** (this means that you and your witness must sign on the same date).

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Witness Contact Information

Unit Number	Street Number	Street Name		
City		Province/State	Country	Postal Code/Zip Code
Telephone Number (main)		E-mail Address		

Part F – Direction and Certification

- I direct the plan administrator to divide the Retired Member's pension in accordance with my court order, family arbitration award or domestic contract.
- I certify that any court order or family arbitration award included with this application is final and not subject to appeal or review by a court.

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

Note: You are entitled to receive your first payment within 60 days after the plan administrator receives your completed pension division form.

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