

Application for Family Law Value Family Law Form FL-1

(Under section 67.2(6) of the *Pension Benefits Act*)

What you need to know before completing this application form

- Pensions are family property. Complete this form to request the plan administrator to calculate the value of a pension that accrued during your spousal relationship. This value is called the “family law value” (or “imputed value” under the *Pension Benefits Act*).
- Consider seeking legal advice about the dates that your spousal relationship started and ended. These dates are relevant for the calculation.
- This form may be completed by a member, former member or retired member of a pension plan (**Plan Member**). It can also be completed by the married spouse of a Plan Member. It cannot be completed by the common-law spouse of a Plan Member.
- You cannot use this application form if you have a court order, family arbitration award or domestic contract (e.g., separation agreement) dated before January 1, 2012, which required one spouse to make an equalization payment.
- Send your completed application form to the plan administrator. Do not send it to the **Financial Services Regulatory Authority of Ontario (FSRA)**. FSRA does not calculate family law values.
- See [Pensions and Marriage Breakdown – a Guide for Members and their Spouses](#) for information about the pension valuation and division process.

Part A – Applicant Information

Last Name	First Name	Initials
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I am the: ☐ Plan Member ☐ Plan Member's spouse

Part B – Pension Plan Information

Name of Pension Plan	Registration Number
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Name of Employer/Union/Professional Association

Plan Administrator

Note: Use the [Plan Search](#) feature on FSRA's website to search for the plan administrator's contact information. You may also contact FSRA for assistance at pensioninquiries@fsrao.ca.

Part C – Information about the Plan Member

Last Name	First Name	Initials
Date of Birth (yyyy/mm/dd)	Employee/Pension Plan Identification Number (if applicable)	

Contact Information for Plan Member

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

Check one of the following that applies, if applicable:

☐ I am the **Plan Member's spouse** and I am unable to complete **Part C** as I do not know my spouse's contact information. This information will be provided to the plan administrator directly by my spouse or my spouse's representative.

OR

☐ **C/O:**
I am the **Plan Member** and I wish to direct my copy of the **Statement of Family Law Value** to an addressee who is not at the usual place where I normally receive mail:

Name of Addressee:

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

Note: The plan administrator must provide the **Statement of Family Law Value** to both you and your spouse, regardless of who makes the application. As a result, your application will not be considered complete until the plan administrator receives contact information for both of you.

Part D – Information about the Plan Member's Spouse

Last Name	First Name	Initials	Date of Birth (yyyy/mm/dd)
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Contact Information for Plan Member's Spouse

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

Check one of the following that applies, if applicable:

☐ I am the **Plan Member** and I am unable to complete **Part D** as I do not know my spouse's contact information. This information will be provided to the plan administrator directly by my spouse or my spouse's representative.

OR

☐ **C/O:**

I am the **Plan Member's spouse** and I wish to direct my copy of the **Statement of Family Law Value** to an addressee who is not at the usual place where I normally receive mail:

Name of Addressee:

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

Note: The plan administrator must provide the **Statement of Family Law Value** to both you and your spouse, regardless of who makes the application. As a result, your application will not be considered complete until the plan administrator receives contact information for both of you.

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

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

- ☐ Date of your marriage
- ☐ Date when you and your spouse started living together in a common-law relationship (optional)
- ☐ 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) (optional)
- ☐ Date specified in your court order or family arbitration award (if applicable)

Date (yyyy/mm/dd)

Note:

- The starting date of a spousal relationship for **married spouses** is the **marriage date**. You may use an earlier date if you lived with your spouse before marriage and you both agree to the earlier start date.
- The plan administrator may require you to complete a new application form if you subsequently change the starting date of your spousal relationship.

Part F – Family Law Valuation Date (e.g., Separation Date)

Choose **ONE** of the following:

- ☐ My spouse and I agree on our family law valuation date. Our family law valuation date is: Date (yyyy/mm/dd)

OR

- ☐ My spouse and I do not agree on our family law valuation date. We have completed **Appendix B** of this application form.

Note: The plan administrator may require you to complete a new application form if you subsequently change the family law valuation date.

Part G – Documents and Fee

Required Documents

The following documents **MUST** be included with this application form. **The plan administrator will not provide you with your family law value without the required documents.**

A **certified copy** has an endorsement that it is a true and complete copy of the original. The person who signs the endorsement must compare the original document with the copy and confirm that they are the same. Contact the plan administrator to find out whose certification they can accept.

Proof of date of birth:

- ☐ Proof of Plan Member's date of birth (e.g., copy of a birth certificate, passport, driver's license, etc.)
- ☐ Proof of date of birth of the Plan Member's spouse (e.g., copy of a birth certificate, passport, driver's license, etc.)

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

- ☐ Certified copy of your marriage certificate
- ☐ Certified copy of a court order, family arbitration award or domestic contract
- ☐ Appendix A – Joint Declaration of Period of Spousal Relationship (of this application form)

Proof of your Family Law Valuation Date (e.g., separation date). Provide ONE of the following:

- ☐ Certified copy of a court order, family arbitration award or domestic contract
- ☐ Appendix A – Joint Declaration of Period of Spousal Relationship (of this application form)
- ☐ Appendix B – Request for Two Family Law Values (of this application form)

Required Fee (Include if applicable)

Amount enclosed: \$ _____

Note: Contact the plan administrator if you do not know the fee amount. The following is the maximum fee (excluding HST) that can be charged by the plan administrator for this application form:

- \$200, if the pension plan provides a defined contribution benefit (DC)
- \$600, if the pension plan provides a defined benefit (DB) or a target benefit (TB)
- \$800, if the pension plan provides a separate DB and a DC benefit
- \$800, if the pension plan provides a separate TB and a DC benefit

Part H – Direction

I direct the plan administrator to calculate the family law value. I confirm that the information on this application form is correct.

Name of Applicant (printed)	Signature of Applicant	Date (yyyy/mm/dd)
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Note: If you are acting on behalf of the Plan Member or the Plan Member's spouse under a power of attorney for property or a court order, you may sign on their behalf. Provide the plan administrator with a copy of this document.

Appendix A – Joint Declaration of Period of Spousal Relationship (Optional)

Who should complete Appendix A?

- Both you and your spouse should complete **Appendix A** to provide proof of:
 - the starting date of your spousal relationship; and/or
 - your family law valuation date.
- You do not have to complete **Appendix A** if you have the other proof documents that are listed in **Part G** of this application form.
- If you and your spouse have not determined your family law valuation date and want to propose two different dates complete **Appendix B – Request for Two Family Law Values** of this application form.

Confirmation of the Starting Date of our Spousal Relationship (Married or Common-Law)

We confirm that the starting date of our spousal relationship is (yyyy/mm/dd):

Confirmation of our Family Law Valuation Date (e.g., Separation Date)

We confirm that our family law valuation date is (yyyy/mm/dd):

Jointly declared by:

Plan Member

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

Plan Member's Spouse

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

Appendix B – Request for Two Family Law Values (Optional)

Who should complete Appendix B?

Both you and your spouse should complete **Appendix B** 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 get two different family law values.

Joint declaration:

By completing this **Appendix B**, 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 request the plan administrator to calculate two separate family law values using the following dates:

Proposed family law valuation date #1 (yyyy/mm/dd):

Proposed family law valuation date #2 (yyyy/mm/dd):

We understand that by completing **Appendix B**, each of us will be receiving **two Statements of Family Law Value** (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 we must provide the plan administrator with our final court order, family arbitration award or domestic contract that sets out our actual family law valuation date. If our actual family law valuation date is different from one of the two proposed family law valuation dates mentioned above, **we may need to complete a new application form.**

Plan Member

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

Plan Member's Spouse

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

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