



Plan Administrator Request for Information/Payment of Fee FSCO Family Law Form 1A (Optional Form)

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

This is an optional form that may be used by the pension plan administrator (Plan Administrator) to ask for missing or incomplete information, or for payment of the required fee (if any). This form may be used as of January 1, 2013, and must be used as of July 1, 2013.

The Plan Administrator will not provide the Family Law Value until the application is complete and accompanied by all required documents and the fee (if any). The "Family Law Value" means the "imputed value" under the Ontario *Pension Benefits Act*.

Once the Plan Administrator receives your complete application, including all required documents and the fee (if any), you and your spouse/former spouse will receive a Statement of Family Law Value (FSCO Family Law Form 4) from the Plan Administrator within 60 days. This 60 day period will start from the day the Plan Administrator receives your complete application.

Part A Applicant Information

Last Name		First Name and Initials	
Mailing Address (Street Number and Name)			Apt./Unit
City	Province	Postal Code	
Telephone Number (Main) ()	Telephone Number (Other) ()	Fax Number ()	

Part B Pension Plan Information

Name of Pension Plan		Pension Plan Registration Number
Plan Administrator		
Name of Employer/Union		
Mailing Address (Street Number and Name)		Suite/Floor No.
City	Province	Postal Code
Telephone Number ()	Fax Number ()	Website Address (if available)
For Plan Administrator Use		

Part C
Missing/Incomplete Information

N/A

You have not provided the Plan Administrator sufficient information to calculate the Family Law Value. If you want to receive your Statement of Family Law Value (FSCO Family Law Form 4), you must provide the following:

- Application for Family Law Value (FSCO Family Law Form 1)**
- Proof of Plan Member's date of birth (see **Part C** of the User Guide for **FSCO Family Law Form 1**)
- Proof of date of birth of spouse/former spouse of the Plan Member (see **Part D** of the User Guide for **FSCO Family Law Form 1**)
- Proof of starting date of your spousal relationship (see **Part E** of the User Guide for **FSCO Family Law Form 1**)
- Proof of your separation date (Family Law Valuation Date) (see **Part F** of the User Guide for **FSCO Family Law Form 1**)
- Other required information [e.g. incomplete **Application for Family Law Value (FSCO Family Law Form 1)**, etc.] as indicated below

For Plan Administrator Use	
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**Part D
Missing Fee Payment**

N/A

The type of benefits accrued by the Plan Member under the pension plan [which determines the maximum fee payable to obtain a Statement of Family Law Value (FSCO Family Law Form 4)] is:

- | | |
|---|--|
| <input type="checkbox"/> defined benefit | <input type="checkbox"/> combination of a defined benefit and a defined contribution benefit |
| <input type="checkbox"/> defined contribution benefit | <input type="checkbox"/> greater of a defined benefit and a defined contribution benefit |

The Plan Administrator's fee for your **Statement of Family Law Value (FSCO Family Law Form 4)** is: \$ _____

Your payment may be made by:

- | | |
|---|-------|
| <input type="checkbox"/> personal cheque payable to | _____ |
| <input type="checkbox"/> certified cheque/bank draft payable to | _____ |
| <input type="checkbox"/> money order payable to | _____ |
| <input type="checkbox"/> other | _____ |

Send your payment to:

Plan Administrator

c/o

Mailing Address (Street Number and Name)

Suite/Floor No.

City

Province

Postal Code

NOTE:

The **maximum fee** that a Plan Administrator may charge for providing a **Statement of Family Law Value (FSCO Family Law Form 4)** is:

\$200	If the pension plan provides a defined contribution benefit to the Plan Member.
\$600	If the pension plan provides a defined benefit to the Plan Member.
\$800	If the pension plan provides a combination of a defined benefit and a defined contribution benefit or a benefit that is the greater of a defined benefit and a defined contribution benefit to the Plan Member.

If the Plan Member and the spouse/former spouse of the Plan Member requested two Family Law Values under **Appendix A of Application for Family Law Value (FSCO Family Law Form 1)** the maximum fee that the Plan Administrator may charge is double the applicable amount shown above.

Signature of Plan Administrator or Plan Administrator's authorized agent or representative

Name of Plan Administrator or Plan Administrator's authorized agent or representative (printed)

Dated (yyyy/mm/dd)

**For Plan
Administrator
Use**