



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

IMPORTANT

- Read the User Guide and Questions and Answers before completing this form.
- You may want to get legal advice before completing this form.
- You may use this form as a joint declaration of the starting date of your spousal relationship (e.g. if you do not have a marriage certificate) and/or the separation date (Family Law Valuation Date) of your spousal relationship.
- If you and your spouse/former spouse have chosen to provide two Family Law Values under Appendix A of the Application for Family Law Value (FSCO Family Law Form 1), you should not complete Part D of this form. [Note: "Family Law Value" means "imputed value" under the Ontario *Pension Benefits Act*.]
- Send this form to the pension plan administrator (Plan Administrator) with your Application for Family Law Value (FSCO Family Law Form 1). **DO NOT SEND THIS FORM TO THE FINANCIAL SERVICES COMMISSION OF ONTARIO (FSCO).**

Part A
Pension Plan Information

Name of Pension Plan		Pension Plan Registration Number
Name of Employer/Union/Professional Association		
Plan Administrator		
Mailing Address of Plan Administrator (Street Number and Name)		Suite/Floor No.
City	Province	Postal Code

For Plan Administrator Use	
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**Part B
Plan Member and Plan Member's Spouse/Former Spouse Information**

Plan Member	Last Name	First Name and Initials
	Plan Member's Employee/Pension Plan Identification Number (if known)	
Plan Member's Spouse/Former Spouse	Last Name	First Name and Initials

**Part C
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)
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**Part D
Confirmation of our Separation Date (Family Law Valuation Date)**

We confirm that our separation date (Family Law Valuation Date) is:	(yyyy/mm/dd)
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Jointly Declared By:

Plan Member

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

Witness Contact Information

Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	Telephone Number (Main) ()

Spouse/Former Spouse of the Plan Member

_____ Signature of Spouse/Former Spouse of the Plan Member	_____ Name of Spouse/Former Spouse of the Plan Member (printed)	_____ Date (yyyy/mm/dd)
_____ Signature of Witness	_____ Name of Witness (printed)	_____ Date (yyyy/mm/dd)

Witness Contact Information

Mailing Address (Street Number and Name)			Apt./Unit No.
City	Province	Postal Code	Telephone Number (Main) ()

For Plan Administrator Use	
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