



Application to Divide a Retired Member's Pension

FSCO Family Law Form 6

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 Application Form.
- You may want to get legal advice before completing this Application Form.
- If you are the spouse/former spouse (married or common-law) of the Retired Member who is identified in Part D of the Statement of Family Law Value (FSCO Family Law Form 4E), you must complete this Application Form if you want to receive your share of the Retired Member's pension. The Retired Member does not have to complete any Part of this Application Form.
- You must have a certified copy of a court order, family arbitration award or domestic contract that was made on or after January 1, 2012, and provides for the division of the Retired Member's pension.
- "Family Law Value" means the "imputed value" under the Ontario *Pension Benefits Act*.
- Send your completed Application Form to the Plan Administrator. **DO NOT SEND THIS APPLICATION FORM TO THE FINANCIAL SERVICES COMMISSION OF ONTARIO (FSCO).**

Part A Pension Plan Information

| | | |
|--|-----------------------|----------------------------------|
| Name of Pension Plan | | Pension Plan Registration Number |
| Plan Administrator | | |
| Mailing Address (Street Number and Name) | | Suite/Floor No. |
| City | Province | Postal Code |
| Telephone Number (Main) () | Fax Number () | |

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| For Plan Administrator Use | |
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**Part B
Former Spouse of the Retired Member Information**

| | | | |
|--|--|----------------------------|---------------|
| Last Name | | First Name and Initials | |
| Social Insurance Number | | Date of Birth (yyyy/mm/dd) | |
| Mailing Address (Street Number and Name) | | | Apt./Unit No. |
| City | Province | Postal Code | |
| Telephone Number (Main) () | Telephone Number (Other) () | Fax Number () | |

Contact Person for the Former Spouse of the Retired Member N/A

| | | | | |
|---------------------------------------|--|--------------------------|--|---------------------------------|
| Last Name | | First Name and Initials | | <input type="checkbox"/> Lawyer |
| | | | | <input type="checkbox"/> Other |
| Name of Company/Firm (if applicable) | | | | |
| Telephone Number (Main) () | Telephone Number (Other) () | Fax Number () | | |

**Part C
Retired Member Information**

| | | | | |
|--|--|-------------------------|--|----------------------------|
| Last Name | | First Name and Initials | | Date of Birth (yyyy/mm/dd) |
| Retired Member's Employee/Pension Plan Identification Number | | | | |

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Part D
Pension Division Information

A court order, family arbitration award or domestic contract **cannot entitle** a former spouse of the Retired Member to an amount that **exceeds 50% of the Family Law Value related to the pension payable to the Retired Member**. The Plan Administrator may not pay the former spouse more than the maximum share permitted by law.

The amount that will be paid to the former spouse of the Retired Member will include arrears (if any), and interest on the arrears from the Family Law Valuation Date to the date when the pension is divided.

Authority for the payment of my share of the Retired Member's pension [lifetime pension plus bridging/supplemental benefit (if any)] is set out in:

- a court order
- a family arbitration award
- a domestic contract (e.g. separation agreement)

The Family Law Valuation Date is specified on page of the above document (i.e. court order, family arbitration award or domestic contract).

The pension payment information I am providing below is found on page(s) of the above document (i.e. court order, family arbitration award or domestic contract).

IMPORTANT
Information you are providing below must be the same as the information specified in your court order, family arbitration award or domestic contract.

In the above document (court order, family arbitration award or domestic contract):

(i) Indexation (if any) that will be applied to the Retired Member's pension payments will also be applied to the pension payable to me.
 Yes No

(ii) My share of the Retired Member's pension is expressed:

as the following specified amount of the lifetime pension installment: \$

and

the following specified amount of the bridging/supplemental benefit installment (if any): \$

OR

as the following percentage of each lifetime pension installment: %

and

the following percentage of each bridging/supplemental benefit installment (if any): %

(iii) My share of the Retired Member's surplus (if any) is expressed:

as the following specified amount: \$

or

as the following percentage: %

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| For Plan Administrator Use | |
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Part E
Selected Division Option

See **Part E** of the **Statement of Family Law Value (FSCO Family Law Form 4E)** for the options that are available to you. An explanation for each of the following options is provided in the User Guide for this Application Form.

I choose the following option:

- Division of each installment of the Retired Member's pension:
 - (i) division of each installment of the lifetime pension
 - (ii) division of each installment of the bridging/supplemental benefit (if any)
- Transfer to a Registered Retirement Savings Plan (RRSP), a Registered Retirement Income Fund (RRIF) or cash payment. This option is only available for payment resulting from shortened life expectancy of the Retired Member and/or payment of surplus.
- Combination option (if the pension plan provides this option). You will receive a pension that is paid to you for your lifetime that is independent from the pension that is paid to the Retired Member. This pension will have a value at the Family Law Valuation Date equal to your share of the Family Law Value of the Retired Member's pension and the Family Law Value of your survivor benefit. You must waive the survivor benefit by completing **Part G** of this Application Form.

Part F
Required Documents

One of the following documents **MUST** be included with this Application Form that provides for the division of the Retired Member's pension:

- Certified copy of a court order made under Part I (Family Property) of the Ontario *Family Law Act* (FLA) that was made on or after January 1, 2012, and provides for the division of the Retired Member's pension. I certify that this is the final document; it is not subject to appeal or review by a court.
- Certified copy of a family arbitration award as defined in Part IV of the FLA that was made on or after January 1, 2012, and provides for the division of the Retired Member's pension. I certify that this is the final document; it is not subject to appeal or review by a court.
- Certified copy of a domestic contract as defined in Part IV of the FLA that was made on or after January 1, 2012, and provides for the division of the Retired Member's pension.
- Other document(s) specified by the Plan Administrator under "**Next Steps**" of the **Statement of Family Law Value (FSCO Family Law Form 4E)**:

**For Plan
Administrator
Use**

Part G
**Waiving My Right to the Survivor Benefit Payable to Me After the Death of the Retired Member
in Order to Select the Combination Option Pension**

You MUST complete this Part if you chose the combination option under Part E of this Application Form.

My former spouse, who is the Retired Member identified in Part C of this Application Form, is currently receiving a joint and survivor pension under the pension plan that is identified in Part A of this Application Form.

I am the person who will be entitled to a survivor benefit should my former spouse (the Retired Member) die before me.

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 combination option pension, I am giving up my right to receive the survivor benefit from the pension plan. Instead, I will receive a pension that will have a value at the Family Law Valuation Date based on a combination of the value of my share of the Family Law Value of the Retired Member's pension and the Family Law Value of my survivor benefit.
- This pension will be paid to me for my lifetime and will stop on my death.
- I cannot change my mind once I have signed this Part of the Application Form, and have given this Application Form to the Plan Administrator.

By signing this Part of the Application Form in front of the witness identified below, I give up (waive) my right to receive a survivor benefit from the pension plan in order to select the combination option pension.

| | | |
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| | | |
| Signature of Former Spouse of the Retired Member | Name of Former Spouse of the Retired Member (printed) | Dated (yyyy/mm/dd) |
| | | |
| Signature of Witness | Name of Witness (printed) | Dated (yyyy/mm/dd) |

Witness Contact Information

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

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| For Plan Administrator Use | |
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Part H Confirmation and Direction

I confirm that to the best of my knowledge, the information that I have provided in this Application Form is correct and I direct the Plan Administrator to divide the Retired Member's pension in accordance with the option I have selected in **Part E** of this Application Form. I also confirm that the division option I have selected in **Part E** of this Application Form is my final decision. I understand that once the Plan Administrator divides the pension in accordance with my selected option, I cannot change my mind and select another option.

Signature of Former Spouse of the Retired Member Name of Former Spouse of the Retired Member (printed) Dated (yyyy/mm/dd)

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

Witness Contact Information

Mailing Address (Street Number and Name) _____ Apt./Unit No. _____

| | | | |
|------|----------|-------------|--------------------------------------|
| City | Province | Postal Code | Telephone Number (Main) () |
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