



Approved by the Superintendent of Financial Services pursuant to the Ontario 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 and/or financial advice before completing this Application Form.
If you are the spouse/former spouse (married or common-law) of the Plan Member who is identified in Part D of the Statement of Family Law Value (FSCO Family Law Form 4A, 4B, 4C or 4D), you must complete this Application Form if you want to transfer your share of the Family Law Value.
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 and transfer of your share of the Family Law Value.
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

Form with fields for Name of Pension Plan, Pension Plan Registration Number, Plan Administrator, Mailing Address, City, Province, Postal Code, Telephone Number, and Fax Number.

For Plan Administrator Use

**Part B  
Former Spouse of the Plan Member Information**

Last Name		First Name and Initials	Date of Birth (yyyy/mm/dd)
Social Insurance Number			
Mailing Address (Street Number and Name)			Apt./Unit
City	Province	Postal Code	
Telephone Number (Main) (       )	Telephone Number (Other) (       )	Fax Number (       )	

**Contact Person for the Former Spouse of the Plan 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  
Plan Member Information**

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

<b>For Plan Administrator Use</b>	
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## Part D Transfer Information

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

If your share of the Family Law Value is expressed as a proportion (i.e. percentage) of the Family Law Value in your settlement instrument (court order, family arbitration award or domestic contract), interest will be credited on your lump sum payment from the Family Law Valuation Date to the beginning of the month in which the transfer is made.

If your share of the Family Law Value is expressed as a specified amount in your settlement instrument (court order, family arbitration award or domestic contract), interest from the Family Law Valuation Date to the beginning of the month in which the transfer is made will only be credited on your lump sum payment if your settlement instrument explicitly requires that it be credited.

Authority for the transfer of my share of Family Law Value 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 transfer 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

The amount you are reporting below must be the same as the amount reported in your court order, family arbitration award or domestic contract.

In the above document (i.e. court order, family arbitration award or domestic contract), my share of the Family Law Value to be transferred as a lump sum is expressed,

as the following specified amount:

or

as the following percentage of the Family Law Value:

## Part E Selected Transfer Option

See **Part E** of the **Statement of Family Law Value (FSCO Family Law Form 4A, 4B, 4C or 4D)** 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 to transfer my share of the Family Law Value to:

- A locked-in retirement account (LIRA). Complete **Part F** of this Application Form.
- A life income fund (LIF). Complete **Part F** of this Application Form. (Note: You must be eligible to buy a LIF to exercise this option. The earliest you may buy the LIF is anytime during the calendar year before the year you turn 55 years of age.)
- Another pension plan. Complete **Part G** of this Application Form. (Note: This option will only be available if the Plan Administrator of the receiving pension plan agrees to accept the transfer and administer the transferred amount in accordance with the Ontario *Pension Benefits Act*.)
- A Registered Retirement Savings Plan (RRSP), a Registered Retirement Income Fund (RRIF) or cash payment. (Note: This option is only available for a payment of a small amount, a payment resulting from shortened life expectancy of the Plan Member, if the Plan Member is not vested, and/or payment of surplus.)

**For Plan  
Administrator  
Use**

**Part F**  
**Financial Institution Information (Receiving the Transfer to a LIRA/LIF)**

Name of Financial Institution (Bank, Insurance Company, etc.)		
Mailing Address (Street Number and Name) of the Financial Institution		Suite/Floor No.
City	Province	Postal Code
Telephone Number (       )	Fax Number (       )	
Policy Number or Account Number of your Ontario locked-in retirement vehicle <input type="checkbox"/> LIRA <input type="checkbox"/> LIF		<input type="checkbox"/> Locking-in agreement is attached.

**Part G**  
**Receiving Pension Plan Information (Transfer to Another Pension Plan)**

Name of Employer		
Name of Plan Administrator of Receiving Plan		
Name of Receiving Pension Plan		Pension Plan Registration Number
Province/Jurisdiction of Pension Plan Registration	<input type="checkbox"/> I am enclosing a written confirmation from the administrator of the receiving pension plan that it will accept the transferred money, and that the transferred money will be administered in accordance with the requirements of the Ontario <i>Pension Benefits Act</i> .	
Mailing Address (Street Number and Name) of Receiving Plan Administrator		Suite/Floor No.
City	Province	Postal Code
Telephone Number (       )	Fax Number (       )	

<b>For Plan Administrator Use</b>	
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## Part H Required Documents

**One** of the following documents **MUST** be included with this Application Form:

- 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 transfer of my share of the Family Law Value. 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 transfer of my share of the Family Law Value. 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 transfer of my share of the Family Law Value.

Other documents that may be required:

- Locking-in agreement from the financial institution for the transfer of your share of the Family Law Value to a LIRA or LIF (if you completed **Part F** of this **Application Form**)
- Written confirmation from the administrator of the receiving pension plan confirming compliance with the Ontario *Pension Benefits Act* (if you completed **Part G** of this **Application Form**)
- Document(s) specified by the Plan Administrator under "Next Steps" of the **Statement of Family Law Value (FSCO Family Law Form 4A, 4B, 4C or 4D)**:

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## Part I 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 make the transfer I have selected in **Part E** of this Application Form. I also confirm that the transfer option I have selected in **Part E** of this Application Form is my final decision. I understand that once the Plan Administrator transfers my share of the Family Law Value in accordance with my selected option, I cannot change my mind and select another option.

Signature of Former Spouse of the Plan Member	Name of Former Spouse of the Plan 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) (       )

<b>For Plan Administrator Use</b>	
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