L1001 - Request For Pension Actuarial Valuation Upon Marriage Breakdown

Version 2014.01

WESTCOAST		ACTUARIES
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Member Information											
First Name						Last Nam	e [
Gender		Date of E	Birth	Year			Month			Day	
Life Expectancy				☐ Nor	mal			[Sub-No	ormal (1)	
(1) If Sub-normal, Explain Why											
Spouse Information											
First Name						Last Nam	e [
Gender		Date of E	Birth	Year			Month			Day	
Life Expecta	ncy			☐ Nor	mal			[Sub-No	ormal (1)	
(1) If Sub-no	(1) If Sub-normal, Explain Why										
Company Information											
Full Legal Name											
Member Status			Work Schedule								
Date of Termination/Retirement			Year			Month			Day		
If Retired Pre-65, Pension Amount											
If Retired Post-65, Pension Amount											
If Retired, Form of Pension Chosen											
Marriage Inf	formation						1			_1	
Date of Mar	riage			Year			Month			Day	
Separation Date		Year			Month			Day			
Calculation Date (Current Date)			Year			Month			Day		



Pension Information							
Pension Plan Name							
Plan Text/Summary Included ?	☐ Yes	□ No					
Person Profile (for B.C. Provincial Sector Plans)	☐ Yes	□ No					
Latest Member Annual Pension Statement ?	☐ Yes	□ No					
Authorization Included (3) ?	☐ Yes	□ No					
Do You Want An External (Written) Report ? (the fee for this report is \$1,500 plus taxes)	☐ Yes	□ No					
Do You Want An Internal (Telephone) Report ? (the fee for this report is \$750 plus taxes)	☐ Yes	□No					
Fees Enclosed (4) ?	☐ Yes	□No					
Do You Want A Recording of the Teleconference ? (the fee for this service is \$50 plus taxes)	☐ Yes	□No					
For more information about our services and fees, please visit the Matrimonial FAQ on our website at www.westcoast-actuaries.com/information-centre/legal-evidence/information-guide.aspx (2) For members of B.C. Provincial Public Sector Plans (Public Service, Municipal, College, Teachers and Worksafe B.C. plans), the member profile is available for free from the Pension Corporation at www.pensionsbc.ca (3) A sample authorization includes the member's signature, member's Social Insurance Number, the date signed, and a statement authorizing Westcoast Actuaries Inc. to receive information concerning the member's participation in the pension plan. Sample wording is: 1, (member name), hereby authorize the plan administrator to reveal details of my pension plan participation to Westcoast Actuaries Inc. (4) Prepayment of fee by cheque or credit card is required if this request is made by the Member or the Spouse. If this request is made by a lawyer or mediator, please complete and sign the section below:							
Name of Lawyer/Mediator:							
Company Name:							
Address: I hereby undertake to pay Westcoast Actuaries Inc.'s fee for their pension ac	tuarial valuation ser	vices.					
Signature: Date:							