

Financial Services Commission of Ontario

No Division of Family Law Value/Pension Assets FSCO Family Law Form 7

(Optional Form)

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 complete this form to inform the pension plan administrator (Plan Administrator) that the Family Law Value/pension assets will not be divided. You are not required to complete this form. [Note: "Family Law Value" means the "imputed value" under the Ontario Pension Benefits Act.]
- If you have a court order, family arbitration award or domestic contract that specifies that the Family Law Value/pension assets will not be divided between you and your spouse/former spouse, you may provide the Plan Administrator with a certified copy of any of these documents instead of completing this form.
- Completing this form will not affect potential support orders under section 66(4) of the Ontario *Pension Benefits*Act. It will not release you or your spouse/former spouse from support payment obligations that are enforceable in Ontario.
- Send this form to the Plan Administrator. 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		
The Colleges of Applied Arts and Technology Pension Plan				0589895		
Plan Administrato						
Board of Trust	tees of the Colleges	s of Applied Arts and Tech	nnology Pension Plan			
Mailing Address (Street Number and Name)					Suite/Floor No.	
250 Yonge St	reet, Suite 2900 P	O. Box 40 Toronto ON	M5B 2L7		2900	
City		Province		Postal Code		
Toronto		ON	M5B 2L7			
	Plan Memb	Foer and Plan Member's	Part B s Spouse/Former Sp	ouse Information	on	
Plan Member	Last Name			First Name and Initials		
Member	Plan Member's Employee/Pension Plan Identification Number (if known)					
Plan Member's Spouse/Former Spouse	Last Name		First Name and	First Name and Initials		
For Plan Administrato Use	r					

Part C Joint Confirmation							
Pick	k ONE that applies to you and	d your spouse/former ε	spouse.				
	We received a Statement of Family Law Value (FSCO Family Law Form 4) from the Plan Administrator. Although we will be ending (or we have ended) our spousal relationship, the Family Law Value as set out in Part A of that Statement is not to be divided.						
	We received a Statement of Family Law Value (FSCO Family Law Form 4) from the Plan Administrator. Our spousal relationship is not ending.						
	We have not made an application for a Family Law Value. We will be ending (or we have ended) our spousal relationship and the Plan Member's pension assets under the pension plan (identified in Part A of this form) are not to be divided.						
	Our separation date is (or v	was):	(yyyy/mm/dd)				
bec			Il not release either of us from any future enforceable under section 66(4) of the O				
	Signature of Plan Member		Name of Plan Member (printed)	Date (yyyy/mm/dd)			
Signature of Witness Witness Contact Information			Name of Witness (printed)	Date (yyyy/mm/dd)			
Maili	ling Address (Street Number and	Name)		Apt./Unit No.			
City		Province	Postal Code	Telephone Number (Main)			
Spo	ouse/Former Spouse of t	he Plan Member					
Sigr	gnature of Spouse/Former Spous	e of the Plan Member	Name of Spouse/Former Spouse of the Plan Mem (printed)	nber Date (yyyy/mm/dd)			
Signature of Witness			Name of Witness (printed)	Date (yyyy/mm/dd)			
	ness Contact Information ling Address (Street Number and	I Name)		Apt./Unit No.			
City		Province	Postal Code	Telephone Number (Main)			
Α	For Plan Administrator Use						