



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

IMPORTANT

- This form can only be used on or after January 1, 2012.
"Family Law Value" means "imputed value" under the Ontario Pension Benefits Act.
You (the Plan Member and the spouse/former spouse of the Plan Member) may want to get legal advice before completing this form.
Read the instructions before completing this form.
You (the Plan Member and the spouse/former spouse of the Plan Member) may use this form as a joint declaration of the starting date and/or the separation date (Family Law Valuation Date) of your spousal relationship.
Do not complete Part D of this form 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).
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).
Print clearly.

Part A Pension Plan Information

Form with fields: 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

**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)
---	--------------

**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)
---	--------------

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	
-----------------------------------	--