



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 |
| Plan Administrator | | |
| Mailing Address (Street Number and Name) | | Suite/Floor No. |
| City | Province | Postal Code |

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 |

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| For Plan Administrator Use | |
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Part C Joint Confirmation

Pick **ONE** that applies to you and your spouse/former 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 was): _____ (yyyy/mm/dd)

We acknowledge that completing this form will not release either of us from any future support obligations that may become payable pursuant to a support order enforceable under section 66(4) of the Ontario *Pension Benefits Act*.

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) |

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| For Plan Administrator Use | |
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