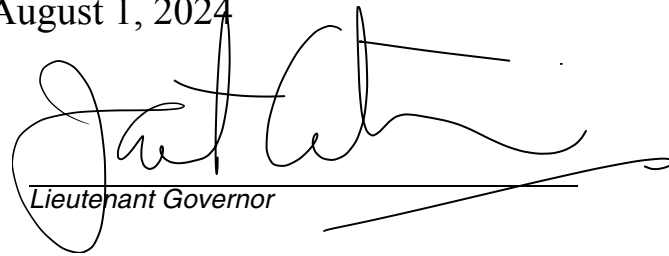


PROVINCE OF BRITISH COLUMBIA

ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

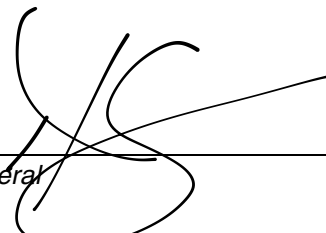
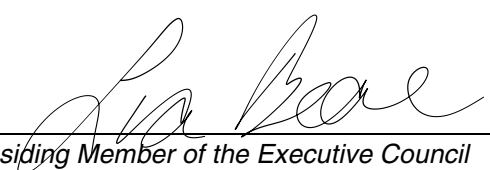
Order in Council No. 548

, Approved and Ordered August 1, 2024

  
Lieutenant Governor

**Executive Council Chambers, Victoria**

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that B.C. Reg. 194/2024 is amended as set out in the attached Appendix.

  
\_\_\_\_\_  
Attorney General  
\_\_\_\_\_  
Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

**Authority under which Order is made:**

Act and section: *Family Law Act*, S.B.C. 2011, c. 25, ss. 246 and 248

Other: OIC 838/2012; OIC 430/2024

R10814955

## **APPENDIX**

- 1 Section 12 of the Appendix to B.C. Reg. 194/2024 is repealed and the following substituted:***
- 12 The following Schedule is added:***

### **SCHEDULE**

- Form P1 Claim and Request for Information and Notice
- Form P2 Request for Designation as Limited Member
- Form P3 Request for Transfer from Defined Contribution Account
- Form P4 Request by Limited Member for Transfer or Separate Pension
- Form P5 *[Repealed]*
- Form P6 Administrator/Annuity Issuer Response
- Form P7 Withdrawal of Notice/Waiver of Claim
- Form P8 Change of Information
- Form P9 Agreement to Have Benefits Divided under Part 6
- Form P10 Notice of Assignment of Survivor Benefits by Agreement or Order

FORM P1 (Division of Pensions Regulation, s. 4 (1)(a))

**CLAIM AND REQUEST FOR INFORMATION AND NOTICE**

*When to Use this Form*

*A Form P1 is used by a spouse who is making a claim to an interest in the member's/annuitant's benefits. After this form is delivered to the administrator/annuity issuer, the spouse is entitled to receive*

- *information from the administrator/annuity issuer about the benefits, and*
- *30 days' advance notice of changes of circumstances affecting the benefits.*

*[Please print]*

---

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

---

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage- like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

---

**In relation to: Plan member/annuitant**

*[Required]* Name of member/annuitant \_\_\_\_\_

*[Optional]* Address \_\_\_\_\_

*[Optional]* Email address \_\_\_\_\_

*[Optional]* Telephone \_\_\_\_\_

*[At least one of the following is required]* Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

*[Optional]* Employer \_\_\_\_\_

---

Spouse's statement

I, \_\_\_\_\_ *[name of spouse]* am claiming an interest in the benefits of the member/annuitant based on section 81 of the *Family Law Act*. *[see below]*

*[You are not required to authorize the administrator/annuity issuer to communicate with a representative. If you wish to authorize that communication, you must complete the following, otherwise, the administrator/annuity issuer cannot communicate with your representative.]*

I authorize you to communicate with and release information to my representative(s):  
*[include name(s) and address(es) of representative(s)]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization expires on \_\_\_\_\_ *[date]*.

Signed *(spouse)* \_\_\_\_\_

Date of Statement \_\_\_\_\_

Signed *(witness to signature of spouse)* \_\_\_\_\_

***Family Law Act, section 81:***

**81** Subject to an agreement or order that provides otherwise and except as set out in this Part and Part 6 *[Pension Division]*,

- (a) spouses are both entitled to family property and responsible for family debt, regardless of their respective use or contribution, and
- (b) on separation, each spouse has a right to an undivided half interest in all family property as a tenant in common and is equally responsible for family debt.

**Note that the administrator/annuity issuer must respect privacy in accordance with privacy legislation.**

FORM P2 (Division of Pensions Regulation, s. 4 (1)(b))

**REQUEST FOR DESIGNATION AS LIMITED MEMBER**

*When to Use this Form*

*A Form P2 is used any time a spouse's share of the benefits remains in the plan/annuity to be administered. The spouse becomes a kind of member/annuitant, with respect to the benefits, called a "limited member" and is entitled to receive a proportionate share of*

- *payments under a pension that has commenced,*
- *benefits under a defined benefit provision before pension commencement,*
- *disability benefits under a plan,*
- *annuity payments,*
- *benefits that are subject to an original order or agreement made before Part 6 of the Family Law Act came into force, and*
- *benefits in a defined contribution account, if the administrator consents to the spouse's proportionate share remaining in the plan.*

*Form P2 is used in every case for dividing benefits except where benefits in a defined contribution account are being transferred from the plan, when a Form P3 is required.*

*[Please print]*

---

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

---

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of Birth \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

---

**In relation to: Plan member/annuitant**

[Required] Name of member/annuitant \_\_\_\_\_

[Optional] Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

[Optional] Employer \_\_\_\_\_

**Other requirements:**

A copy of the agreement or order dividing the benefits must be provided. *[Please attach or enclose the agreement or order with this Form.]*

An administrator/annuity issuer is entitled to charge a fee to register a spouse as a limited member of \$1,000 (or \$1,200 if the benefits are in a hybrid plan).

**Request:**

I request that \_\_\_\_\_ *[name of spouse]* be designated as a limited member with respect to the benefits/annuity.

The following apply to a spouse who becomes a limited member:

- for a pension, disability benefits or an annuity that is being paid, this form will also act as a request for the administrator/annuity issuer to pay the limited member their proportionate share of those payments;
- for benefits if the pension has not commenced, the administrator will advise the limited member about their options for receiving a separate pension, or, in some cases, a transfer of their proportionate share from the plan in a lump sum. The limited member may exercise those options by filing a *Form P4*;
- for benefits in a defined contribution account, the limited member will be entitled to have their proportionate share transferred to a separate account in the plan, if the administrator consents.

Signed \_\_\_\_\_ *(This is normally signed by the spouse but may be signed by the member under section 113 (2) of the Family Law Act.)*

Date \_\_\_\_\_

FORM P3 (Division of Pensions Regulation, s. 4 (1)(c))

**REQUEST FOR TRANSFER FROM DEFINED CONTRIBUTION ACCOUNT**

*When to Use this Form*

*A Form P3 is used when*

- *there is an agreement or order dividing the benefits,*
- *the benefits are in a defined contribution account, and*
- *the spouse wants the spouse's proportionate share transferred to another plan (such as an RRSP).*

*[Please print]*

---

**To: Administrator of plan**

*[Required]* Name of plan \_\_\_\_\_

*[Optional]* Address of administrator \_\_\_\_\_

---

**From: Spouse of member** *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[The administrator will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator of any changes.]*

---

**In relation to: Plan member**

*[Required]* Name of member \_\_\_\_\_

*[Optional]* Address \_\_\_\_\_

*[Optional]* Email address \_\_\_\_\_

*[Optional]* Telephone \_\_\_\_\_

*[At least one of the following is required]* Date of Birth, Social Insurance Number or Pension Plan Identity Number \_\_\_\_\_

*[Optional]* Employer \_\_\_\_\_

**Other requirements:**

A copy of the agreement or order dividing the benefits must be provided. *[Please attach or enclose the agreement or order with this Form].*

An administrator is entitled to charge a fee to transfer the benefits from the defined contribution account of \$200.

**Request:**

I request that you

- (a) transfer my proportionate share of the member's defined contribution account from the plan in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, and
- (b) advise me in writing of the information that you require in order to do this.

Signed (*spouse*) \_\_\_\_\_

Date \_\_\_\_\_



FORM P4 (Division of Pensions Regulation, s. 4 (1)(d))

**REQUEST BY LIMITED MEMBER FOR TRANSFER OR SEPARATE  
PENSION**

*When to Use this Form*

*A Form P4 is used by a limited member to choose how to receive a share of benefits under a defined benefit provision if the member is not yet receiving a pension.*

*[Please print]*

---

**To: Administrator of plan**

*[Required]* Name of plan \_\_\_\_\_

*[Optional]* Address of administrator \_\_\_\_\_

---

**From: Spouse of member** *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of Birth \_\_\_\_\_

*[The administrator will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator of any changes.]*

---

**In relation to: Plan member**

*[Required]* Name of member \_\_\_\_\_

*[Optional]* Address \_\_\_\_\_

*[Optional]* Email address \_\_\_\_\_

*[Optional]* Telephone \_\_\_\_\_

*[At least one of the following is required]* Date of Birth, Social Insurance Number, or Pension Plan Identity Number \_\_\_\_\_

*[Optional]* Employer of member \_\_\_\_\_

**Request:**

As the limited member named above, I request *[check the correct box]*

☐ that you

(a) transfer from the plan my proportionate share of the commuted value of the member's benefits in accordance with the *Family Law Act* and the *Pension Benefits Standards Act*, if permitted by the plan, and

(b) advise me in writing of the information that you require in order to do this.

☐ that you provide me with a separate pension from the plan.

*[These options are only available after the member is allowed to receive a pension but the pension has not yet commenced. If this form is used for a supplemental pension plan or a plan for specified individuals, a lump sum transfer is not available, and a separate pension is not available until the member's pension commences, unless the administrator consents.]*

Signed (*limited member*) \_\_\_\_\_

Date \_\_\_\_\_

FORM P6 (Division of Pensions Regulation, s. 7 (1))

**ADMINISTRATOR/ANNUITY ISSUER RESPONSE**

*When to Use this Form*

*A Form P6 is used by the administrator/annuity issuer to*

- *advise the member/annuitant of notices received from their spouse in connection with the spouse's claim to an interest in the benefits,*
- *advise the spouse or member/annuitant if a notice cannot be acted upon, and*
- *notify the spouse of a change of circumstances respecting the benefits.*

*[Please print]*

---

**A Plan member/annuitant**

Name of plan member/annuitant \_\_\_\_\_

---

**B Limited member or spouse claiming an interest**

Name of limited member or spouse \_\_\_\_\_

---

**C Plan/annuity**

Name of plan/annuity \_\_\_\_\_

Address of administrator annuity issuer \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_

This notice is provided *[Check the correct box(es)]*

- ☐ to confirm receipt of a notice *[Complete Part 1 below]*
- ☐ to advise that the administrator/annuity issuer is unable to take any action on the notice *[Complete Part 2 below]*
- ☐ to advise of a change of circumstances such as the death of the member/annuitant, the commencement of a pension/annuity or the receipt of a direction from the member/annuitant *[Complete Part 3 below]*

**PART 1: Receipt of Notice**

The administrator/annuity issuer has received the following notice or document dated ..... <i>[date of notice]</i> under the <i>Family Law Act</i> from
--

..... *[name as shown on notice* in relation to the member's/annuitant's entitlement under the plan/annuity identified above: *[Check the correct box.]*

- ☐ Form P1: Claim and Request for Information and Notice
- ☐ Form P2: Request for Designation as a Limited Member
- ☐ Form P3: Request for Transfer from Defined Contribution Account
- ☐ Form P4: Request by Limited Member for Transfer or Separate Pension
- ☐ Form P7: Withdrawal of Notice/Waiver of Claim
- ☐ Form P8: Change of Information
- ☐ Form P9: Agreement to Have Benefits Divided under Part 6
- ☐ Form P10: Notice of Assignment of Survivor Benefits by Agreement or Order
- ☐ ..... *[specify]*

## **PART 2: Inability to take action**

The administrator/annuity issuer is unable to take any action on the notice referred to in Part 1 as a result of the following: .....

If you wish the administrator/annuity issuer to take any action in relation to the notice, you must *[Check the correct box and provide any required information.]*

- ☐ submit a new Form or document that includes the above-noted information
- ☐ provide the administrator/annuity issuer with the missing information
- ☐ other: ..... *[describe]*

## **PART 3: Notice of change of circumstances**

Under the *Family Law Act* and regulations, the administrator/annuity issuer is required to give you 30 days advance notice before taking any step with respect to any of the following which may affect your interest or claim to an interest in benefits under the plan/annuity:

- ☐ the administrator/annuity issuer has been advised of the death of the member/annuitant and
  - ☐ survivor benefits are payable to you
  - ☐ survivor benefits are not payable to you
- ☐ the member/annuitant has elected to have the pension/annuity commence as at ..... *[date]*
- ☐ the member/annuitant has changed his/her beneficiary designation and
  - ☐ you have ceased to be the beneficiary
  - ☐ you have become the beneficiary
- ☐ the member/annuitant has given the administrator/annuity issuer the following direction: .....

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of administrator/annuity issuer

# FORM P7 (Division of Pensions Regulation, s. 4 (1)(f))

## WITHDRAWAL OF NOTICE/WAIVER OF CLAIM

### *When to Use this Form*

*A Form P7 is used if a spouse decides to withdraw a notice or other document delivered to the administrator/annuity issuer or give up the spouse's claim to the benefits. A Form P7 cannot be withdrawn by this form, and a notice cannot be withdrawn once the benefit division arrangements are completed. This form can be used to withdraw a notice of an assignment in Form P10 but does not affect the agreement or order that created the assignment.*

---

### **Comments and Instructions:**

Your interest in the benefits is important, and the *Family Law Act* provides that withdrawing forms or documents, or a waiver of division of benefits, is not effective unless it is in this form. When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice.

---

*[Please print]*

---

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

---

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage- like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of Birth \_\_\_\_\_

*[If spouse is deceased]*

*[Required]* Date of spouse's death \_\_\_\_\_

[Required] Name of spouse's personal representative \_\_\_\_\_

[Required] Contact information for spouse's personal representative \_\_\_\_\_

\_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

---

**In relation to: Plan member/annuitant**

[Required] Name of member/annuitant \_\_\_\_\_

[Optional] Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

[Optional] Employer \_\_\_\_\_

*(check the correct box)*

- ☐ I withdraw the notice in Form \_\_\_\_\_ dated \_\_\_\_\_ [date]
- ☐ I withdraw \_\_\_\_\_ [identity document] dated \_\_\_\_\_ [date]
- ☐ I withdraw all forms and documents filed in connection with my claim to an interest in the member's/annuitant's

Signed \_\_\_\_\_

- ☐ spouse
- ☐ personal representative of the spouse

Date \_\_\_\_\_

FORM P8 (Division of Pensions Regulation, s. 6)

**CHANGE OF INFORMATION**

*When to Use this Form*

*It is important to keep contact information up to date. Form P8 can be used to notify the administrator/ annuity issuer of any changes.*

*[Please print]*

---

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

---

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Optional]* Social Insurance Number \_\_\_\_\_

*[Optional]* Date of Birth \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity of any changes.]*

---

**In relation to: Plan member/annuitant**

*[Required]* Name of member/annuitant \_\_\_\_\_

*[Optional]* Address \_\_\_\_\_

*[Optional]* Email address \_\_\_\_\_

*[Optional]* Telephone \_\_\_\_\_

*[At least one of the following is required]* Date of Birth, Social Insurance Number, or Plan  
Identity Number \_\_\_\_\_

*[Optional]* Employer \_\_\_\_\_

I am updating information previously provided by me as follows: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



FORM P9 (Division of Pensions Regulation, s. 1)

**AGREEMENT TO HAVE BENEFITS DIVIDED UNDER PART 6**

*When to Use this Form*

*An agreement or order dividing the benefits is required before a spouse is entitled to receive a proportionate share of the benefits. If the parties complete Form P9, this will satisfy the requirement for an agreement. Don't file this form if you already have a written agreement, or an order, dividing the benefits, or if the benefits are in a LIRA or LIF.*

*[Please print]*

---

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer  
\_\_\_\_\_

---

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage- like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of birth \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

---

**In relation to: Plan member/annuitant**

*[Required]* Name of member/annuitant \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

[Optional] Employer \_\_\_\_\_

---

**We agree to have the member's/annuitant's benefits under the plan/annuity divided between us in accordance with Part 6 of the *Family Law Act*.**

The benefits to be divided are those that accrued between

[Required] (a) \_\_\_\_\_ [date: yy/mm/dd] *[the commencement date as defined in the Division of Pensions Regulation, which date is usually the earlier of the date on which the parties commenced living together in a marriage-like relationship and the date on which they were married], and*

[Required] (b) \_\_\_\_\_ [date: yy/mm/dd] *[the entitlement date as defined in the Division of Pensions Regulation, which date is the date of separation, unless otherwise agreed by the spouses].*

We confirm that each of us is aware of the following:

- (a) the benefits are valuable;
- (b) pension plans are complicated;
- (c) securing the interest in the benefit is important to each of us, particularly with respect to providing us with income in old age;
- (d) each of us has read this form and understands it;
- (e) no one has put any pressure on either of us to sign this form;
- (f) each of us realizes that
  - (i) this form only gives a general description of the legal rights each of us has under the *Family Law Act* and the *Pension Benefits Standards Act* and the regulations to those Acts, and
  - (ii) if either of us wishes to understand exactly what our legal rights are we must read the *Family Law Act*, and the *Pension Benefits Standards Act* and the regulations to those Acts, and/or seek legal advice;
- (g) there may be tax implications to this agreement that should be addressed;

- (h) if the pension/annuity has already commenced, the administrator/annuity issuer will make no adjustment to the payments already made under the pension/annuity. We will need to address between ourselves any compensation for payments made before the administrator/annuity issuer is able to implement the division of the benefits;
- (i) we must provide further documents or evidence of entitlement as reasonably requested by the administrator/ annuity issuer;
- (j) each of us is entitled to a copy of this form.

---

**Each of us is signing this form to have the benefits divided under Part 6 of the *Family Law Act*.**

Signed \_\_\_\_\_  
(member/annuitant)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(witness)

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

Signed \_\_\_\_\_  
(spouse)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(witness)

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

---

**Comments and Instructions:**

Dividing benefits under Part 6 of the *Family Law Act* requires an agreement between the parties, or an order, that provides for that division. The agreement or order must set out the dates to be used for determining the portion of the benefits that are subject to division. This form can be used by the parties for that purpose and if signed by them constitutes an agreement under section 127 of the *Family Law Act* to divide the benefits.

When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice.

FORM P10 (Division of Pensions Regulation, s. 4 (1)(e))

**NOTICE OF ASSIGNMENT OF SURVIVOR BENEFITS BY AGREEMENT OR ORDER**

*When to Use this Form*

*A Form P10 is used if*

- *the member's pension/annuity has commenced,*
- *the spouse is entitled to survivor benefits under the pension/annuity, and*
- *the spouse has entered into a written agreement or has been ordered by the Supreme Court to pay some or all of the survivor benefits to another person under section 126.1 of the Family Law Act.*

*[Please print]*

---

**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

---

**From: Spouse of member/annuitant** *[Note: "spouse" includes a person who has lived in a marriage-like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Date of Birth \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

---

**In relation to: Plan member/annuitant**

*[Required]* Name of member/annuitant \_\_\_\_\_

*[Optional]* Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number or Plan Identity Number \_\_\_\_\_

---

**Details of Agreement:**

I confirm that I am aware of the following:

- (a) the member/annuitant is receiving a pension/annuity, and I am entitled to survivor benefits under the pension/ annuity;
- (b) these survivor benefits may have substantial value, and may be important to me to provide me with income in my old age;
- (c) these survivor benefits are my property;
- (d) I am permitted to agree or the Supreme Court may order me to pay these benefits to another person under section 126.1 of the *Family Law Act*;
- (e) I understand that the administrator/annuity issuer cannot be required to pay the survivor benefits to anyone else and I will be responsible for paying the benefits as indicated in the terms of the agreement or order to: (*Specify person*) \_\_\_\_\_;
- (f) I have read this form and understand it;
- (g) neither the member nor the person to whom the benefits are to be paid nor anyone else has put any pressure on me to sign this form;
- (h) neither the member nor the person to whom the benefits are to be paid is present while I am signing this form;
- (i) I realize that if I wish to understand exactly what my legal rights are I must read the *Family Law Act* and the *Pension Benefits Standards Act* and the regulations to those Acts, and/or seek legal advice;
- (j) there may be tax implications to this assignment that should be addressed.

Date \_\_\_\_\_

Signed (*spouse*) \_\_\_\_\_