

FORM P1 (Division of Pensions Regulation, s.4 (a))
CLAIM AND REQUEST FOR INFORMATION AND NOTICE

When to Use this Form

A Form P1 LV XVHG E\ D VSRXVH ZKR LV PDNLQJ J D B Q D X R W D R Q W Q V L G W G H J H W V
After this form is delivered to the administrator/annuity issuer, the spouse is entitled to receive
‡ L Q I R U P D W L R Q I U R P W K H D G P L Q L V W U D W R U D Q Q X L W \ L V V X H U D E R X W W
‡ G D \ V † D G Y D Q F H Q R W L F H R I F K D Q J H V R I F L U F X P V W D Q F H V D I I H F W L Q

[Please print]

To: Administrator of plan/annuity issuer

Name of plan/annuity 6 O J W F S T J U Z P G 7 J D U P S J B \$ P N C J O B U

Address of administrator/
annuity issuer PO Box 0 4 5 / \$ 4 \$
Victoria BC V8 8 :

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.]

Name of spouse _____

Address _____

Email address _____

Telephone (home) _____ (work) _____

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

Name of member/annuitant _____

Address _____

Email address _____

Telephone (home) _____ (work) _____

Social Insurance or Plan Identity Number _____

Employer _____

Declaration of spouse claiming interest

I, _____ [name of spouse] D P F O D L P L Q J D Q L Q W H U H V W L
the member/annuitant based on section 81 of the Family Law Act. [see below]

In support of that claim, I declare that

(a) I began living in a marriage-like relationship with the member/annuitant on _____ [date].

(b) I was married to the member/annuitant on _____ [date], and

(c) I was separated from the member/annuitant on _____ [date].

[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 Declaration _____

Signed (witness to signature of spouse) _____

Name of witness _____

Address of witness _____

Family Law Act, section 81:

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