Application regarding the Division of Pension Assets

as a Result of a Breakdown of a Marriage or Common-Law Partnership



| Plan Member Information |
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| Name of Plan Member: SIN: |
| Date of birth:/ (A photocopy of the birth certificate must be attached.) Telephone number:() |
| Most recent employer: |
| Mailing address (c/o attorney if applicable): |
| Spouse or Common-Law Partner Information |
| Name of (former) spouse/common-law partner: Date of birth: / / Y |
| Details on Marriage or Common-Law Partnership |
| Please complete Part A if you and your spouse <u>were married</u> <u>or</u> Part B if you and your spouse <u>were in a common-law</u> <u>partnership</u> : |
| Part A: (i) Date of marriage (include proof of marriage): / / |
| (ii) If a period of cohabitation immediately preceded the marriage, the date the cohabitation commenced: $\frac{1}{1000} = \frac{1}{1000} = $ |
| Part B: Date of cohabitation for common-law partners (include the Statutory Declaration of Common-Law Partner Form): / / |
| Breakdown of Marriage or Common-Law Partnership Information |
| Please enter the officially recognized date for the breakdown of the marriage or common-law partnership. |

Please enter the officially recognized date for the breakdown of the marriage or common-law partnership. $\frac{1}{N} / \frac{1}{N} / \frac{1}{N} = \frac{1}{N} / \frac{1}{N} = \frac{1}{N} / \frac{1}{N} = \frac{1}{N} / \frac{1}{N} = \frac{1}{N} / \frac{1}{N} + \frac{1}{N} + \frac{1}{N} / \frac{1}{N} = \frac{1}{N} / \frac{1}{N} + \frac{1}{N}$

Disclosure to Spouse or Common-Law Partner

Upon written request by you or your spouse or common-law partner, Vestcor must provide the following information to your spouse or common-law partner (*Pension Benefits Act* requirement): the value of the benefit available for division, the portion of the benefit subject to division and an explanation of the manner in which the values were determined.

Plan Member Confirmation

I confirm that all of the information above is true and accurate. I hereby request that Vestcor calculate, in accordance with respective pension plan rules, the amount available for transfer as of the date of marriage breakdown for the purposes of the division of marital property. I understand that this information will be disclosed to my spouse or common-law partner upon request.

| Signature of Plan Member: | Date: |
|----------------------------|-------|
| Signature of Flan McHiber. | Date. |

If instead of this application a court order is submitted, the information requested on this form must be attached.