

APPLICATION REGARDING THE DIVISION OF PENSION ASSETS



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

Plan Member Information

First Name: _____ Last Name: _____

SIN (optional): ____ / ____ / ____ Vestcor Reference Number: _____ OR Employee ID Number: _____

Date of Birth: ____ / ____ / ____ (A photocopy of the birth certificate must be attached.) Phone Number: _____
Day Month Year

Most Recent Employer: _____

Mailing address (c/o lawyer if applicable): _____

Spouse or Common-Law Partner Information

Name of (former) Spouse/Common-Law Partner: _____ Date of Birth: ____ / ____ / ____
Day Month Year

Details on Marriage or Common-Law Partnership

Please complete Part A if you and your spouse were married or Part B if you and your spouse were in a common-law partnership:

Part A: (i) Date of marriage (include proof of marriage): ____ / ____ / ____
Day Month Year

(ii) If a period of cohabitation immediately preceded the marriage, the date the cohabitation commenced: ____ / ____ / ____
Day Month Year

Part B: Date of cohabitation for common-law partners (include the *Statutory Declaration of Common-Law Partner Form*):

____ / ____ / ____
Day Month Year

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 note that this date **cannot** be a future date
Day Month Year

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.

PRIVACY CONSENT: The personal information collected on this form will be used by Vestcor to: identify the member and spouse/common-law partner (and lawyer(s), if applicable); assist in determining the amount eligible for division of the pension assets; contact the member, spouse/common-law partner and/or their respective lawyers as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. The information may be disclosed to the member, spouse/common-law partner and/or their respective lawyers. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.

AUTHORIZATION: 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: ____ / ____ / ____
Day Month Year

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

Please return completed form as soon as possible to:

Vestcor
P.O. Box 600, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:

Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format