

**L1012**  
**Request for Pension Actuarial Valuation**  
**upon Marriage Breakdown**  
**for Non-BC Public Sector Pension Plans**

*Note: This is an interactive form. Please save this form to a local drive prior to entering your information.*

**Member Information**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Gender	<input type="text"/>	Date of Birth	Year <input type="text"/> Month <input type="text"/> Day <input type="text"/>
Life Expectancy	<input type="checkbox"/> Normal		<input type="checkbox"/> Sub-Normal
If Sub-Normal, Explain Why	<input type="text"/>		

**Spouse Information**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Gender	<input type="text"/>	Date of Birth	Year <input type="text"/> Month <input type="text"/> Day <input type="text"/>
Life Expectancy	<input type="checkbox"/> Normal		<input type="checkbox"/> Sub-Normal
If Sub-Normal, Explain Why	<input type="text"/>		

**Company Information**

Full Legal Name	<input type="text"/>		
Member Status	<input type="text"/>	If Other, please specify	<input type="text"/>
Work Schedule	<input type="text"/>	If Other, please specify	<input type="text"/>
Member's current Full-Time Equivalent (FTE) pensionable salary	<input type="text"/>		
Effective Date of Current Salary	<input type="text"/>		
Date of Termination/Retirement, if applicable	Year <input type="text"/>	Month <input type="text"/>	Day <input type="text"/>
If Retired Pre-65, Pension Amount	<input type="text"/>		
If Retired Post-65, Pension Amount	<input type="text"/>		
If Retired, Form of Pension Chosen	<input type="text"/>		

**Marriage Information**

Date of Cohabitation <sup>(1)</sup>	Year <input type="text"/>	Month <input type="text"/>	Day <input type="text"/>
Date of Marriage	Year <input type="text"/>	Month <input type="text"/>	Day <input type="text"/>
Date of Separation	Year <input type="text"/>	Month <input type="text"/>	Day <input type="text"/>
Calculation Date <sup>(2)</sup>	Year <input type="text"/>	Month <input type="text"/>	Day <input type="text"/>

*(1) The Date of Cohabitation is required only if you wish to use this date as the start of the marriage-like relationship period for pension division purpose.  
 (2) The Calculation Date is usually a future date when the parties separate their assets by way of mediation or trial. If no date is scheduled then a date in the near future may be used. Only service accrued within the marriage-related/common-law period will be used for valuation purposes.*

Pension Information		
Pension Plan Name	<input type="text"/>	
Plan Text/Summary included? <sup>(3)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latest Member Annual Pension Statement included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorization included? <sup>(4)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want an external (written) report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want an internal (telephone) report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to have a division within the pension plan (i.e. having the nonmember spouse registered as a limited member of the plan)? <sup>(5)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to make a compensation payment (ie. division outside the plan)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want a recording of the teleconference? <i>(the fee is \$50 plus taxes)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee enclosed? <sup>(6)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<sup>(3)</sup>The plan text/summary spells out all the plan provisions in detail. You can obtain this document through the plan administrator or human resource department of the company.

<sup>(4)</sup>An authorization form signed by the member allows the plan administrator to disclose information to Westcoast Actuaries Inc. for the purpose of pension valuation. An authorization form can be found at the end of this request form.

<sup>(5)</sup> If the answer is yes, please contact us for a fee quote. Further information regarding plan-administered split can be obtained from our website.

<sup>(6)</sup>Prepayment of the fee by cheque or credit card is required if this request is made by the pension holder or the spouse. Please call our office if you wish to pay by credit card.

Lawyer/Mediator Information			
<b><i>if this request is being made by a lawyer or mediator, please complete and sign this section</i></b>			
Lawyer/Mediator Name	<input type="text"/>		
Law Firm Name	<input type="text"/>		
Suite No.	Street No.	Street Name	
City	Province	Postal Code	
I hereby undertake to pay Westcoast Actuaries Inc.'s fee for their pension actuarial valuation services.			
Lawyer's Signature	<input type="text"/>	Date	<input type="text"/>

**Contact Information**

*if this request is being made by the pension holder and/or spouse, please complete and sign this section*

Suite No.	Street No.	Street Name	
City		Province	Postal Code
Phone Number		Email	
Signature <input type="text"/>		Date <input type="text"/>	

**Pension Plan Administrator Contact Information**

Name of Contact	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

All pension valuations are completed in line with the Canadian Institute of Actuaries' Standards of Practice on the Capitalized Value of Pension Plan Benefits for a Marriage Breakdown and any applicable provincial Family Acts in place. Unless otherwise instructed, we will assume that future wages increase by inflation plus 1%.

**AUTHORIZATION  
FOR RELEASE OF PENSION INFORMATION**

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To:

**(Pension Plan Name)**

Please provide Westcoast Actuaries Inc. with any information they reasonably request in connection with my pension. Let this letter be your good and sufficient authority. The contact information for Westcoast Actuaries Inc. is as follows:

Westcoast Actuaries Inc.  
Suite 908 - 1166 Alberni Street  
Vancouver, BC  
V6E 3Z3

Telephone: (604) 730-1898  
Facsimile: (604) 730-1886  
Email: Legal-reports@wainc.ca

Date:

Signature

Print Name

**Social Insurance Number or Employee Number (ID)**