# L1011

# Request for Pension Actuarial Valuation upon Marriage Breakdown

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

Please complete the information and return to Westcoast Actuaries Inc. via one of the following:

| Email: | Mail: | Fax: |
|---|---|---|
| legal-reports@westcoast-actuaries.com | Actuarial Evidence Team<br>Westcoast Actuaries Inc.<br>908 - 1166 Alberni Street<br>Vancouver, BC<br>V6E 3Z3 | Actuarial Evidence Team<br>Westcoast Actuaries Inc.<br>(604) 730-1886<br>1-855-730-1886 |

If you require further information or assistance, please do not hesitate to contact us.

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# 1 - Checklist of Required Documentation

Please provide the following documents for each plan. All documents listed are required in order to complete a valuation. Note that our standard turnaround time to perform a valuation is approximately 3 weeks from when we receive all required information.

## Applicable in All Cases

- ☐ Completed L1011 - Request for Pension Actuarial Valuation form
- ☐ Most recent annual pension statement
- ☐ Recent paystub (if Active)
- ☐ Retirement/termination forms (if Retired or Terminated)

## B.C. Public Sector Pension Plans (Municipal, Public Service, College, Teachers', and WorkSafe BC)

- ☐ Person Profile[a]

(a) The Annual Member Benefit Statement does not provide sufficient details on the member's pension plan participation for valuation purposes. A Person Profile must be requested from the Pension Corporation.

## Royal Canadian Mounted Police (RCMP) and Federal Public Sector Pension Plans

- ☐ Plan text / member information booklet
- ☐ Pension Benefits Division Act (PBDA) Pension Benefits Report[b]

(b) Information about the division of benefits package is available on the Government of Canada website. Please complete the Request for Pension Benefits Division Information form and submit to Public Works and Government Services Canada (PWGSC).

## For All Other Plans

- ☐ Plan text / member information booklet
- ☐ Pensionable earnings history
- ☐ Pensionable service history
- ☐ Pension plan's past pension indexing history

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# 2 - Personal Information

Please note that all fields are required unless noted otherwise. Please complete in full, and contact us if you have any questions.

## 2.1 - Member Information

Legal First Name

______________________________

Legal Last Name

______________________________

Gender

☐ Male ☐ Female

Date of Birth (mmmm dd, yyyy)

______________________________

Life Expectancy

☐ Normal ☐ Sub-Normal

If Sub-Normal, Please Specify

______________________________

## 2.2 - Spouse Information

Legal First Name

______________________________

Legal Last Name

______________________________

Gender

☐ Male ☐ Female

Date of Birth (mmmm dd, yyyy)

______________________________

Life Expectancy

☐ Normal ☐ Sub-Normal

If Sub-Normal, Please Specify

______________________________

## 2.3 - Member Employment Information

Member Status

☐ Active ☐ Retired ☐ Terminated
☐ Disabled ☐ Other

If Other, Please Specify

______________________________

Member Work Status (if applicable)

☐ Full-time ☐ Part-time ☐ Other

If Part-time or Other, Please Specify

______________________________

Member's Current Pensionable Salary (if applicable)

______________________________

Effective Date of Current Salary (if applicable) (mmmm dd, yyyy)

______________________________

## 2.4 - Retirement/Termination Information

This section is required only for members who are either retired or terminated. Please complete, if applicable.

Date of Retirement/Termination (mmmm dd, yyyy)

______________________________

Pre-65 Pension Amount (if retired)

______________________________

Post-65 Pension Amount (if retired)

______________________________

Form of Pension Elected (if retired)

☐ Single Life ☐ Joint Survivor ______ %

Guarantee Period (if retired)

______________________________

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# 3 - Matrimonial Division Information

## 3.1 - Marriage Information

Date of Cohabitation[c] (mmmm dd, yyyy)

______________________________

Date of Marriage (mmmm dd, yyyy)

______________________________

Date of Separation (mmmm dd, yyyy)

______________________________

**Date of Valuation[d]**

☒ Current Date. This is our default and recommended Date of Valuation.

☐ Check this box only if a specific Date of Valuation is agreed upon. Please specify.

______________________ (mmmm dd, yyyy)

(c) Enter a Date of Cohabitation only if you wish to use this date as the start of the marriage-like/common-law period for pension division purposes.

**(d) Date of Valuation:**

**Per our standards, we will use a Date of Valuation as at the end of the month the valuation will be completed in. The Date of Valuation is usually a future date to represent when the parties will separate their assets by way of mediation or trial. If another date is specified, we may request for applicable supporting documentation.**

**Note that only service accrued within the marriage-like/common-law period will be used for valuation purposes.**

## 3.2 - Valuation Information

Name of Pension Plan

______________________________

Reporting Format[e]

☐ Full Written Report ☐ Summary Report[f]

Division Type for Valuation Purposes[g]

☐ Within the Plan / Plan-administered Split

☐ Outside the Plan / Compensation Payment

☐ Both[h]

Prepayment Enclosed[i]

☐ Yes ☐ No

(e) The Full Written Report fully complies with both court standards and our professional standards as an expert report for legal evidence purposes. However, the Summary Report is usually a sufficient option when division is relatively amicable.

(f) The Summary Report includes a complimentary teleconference session with one of our Consulting Actuaries to discuss the results provided.

(g) For more information regarding the differences between the two division methods, please refer to an article on our website here.

(h) Additional fees will apply. Please contact us for further information regarding the additional fees.

(i) Prepayment is required if the valuation is requested by the pension holder or the spouse. Prepayment can be made by cheque or credit card. Please contact us if prepayment is to be made by credit card.

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# 4 - Contact Information & Disclaimer

## 4.1 - Contact Information

I am the

- ☐ Member
- ☐ Member's Spouse
- ☐ Mediator
- ☐ Counsel to the Member
- ☐ Counsel to the Member's Spouse

I am

- ☐ Retaining Westcoast Actuaries Inc. on a single-retainer basis
- ☐ Retaining Westcoast Actuaries Inc. on a joint-retainer basis

Salutation

☐ Mr. ☐ Ms.

First Name

______________________

Last Name

______________________

Email

______________________

Phone Number

______________________

Law Firm Name (if applicable)

______________________

Address

______________________

City

______________________

Province

______________________

Postal Code

______________________

## 4.2 - Disclaimer

I understand that all pension valuations are completed in line with the Canadian Institute of Actuaries' Standards of Practice for Actuarial Evidence and applicable provincial legislation.

I hereby engage Westcoast Actuaries Inc. for their pension valuation services and agree to pay Westcoast Actuaries Inc.'s fees. Prepayment, where applicable, will be made in advance of the start of all related services.

Print Legal Name

______________________

Signature

______________________

Date (mmmm dd, yyyy)

______________________

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