

FORM P9 (Division of Pensions Regulation, s. 1)

**AGREEMENT TO HAVE BENEFITS DIVIDED UNDER PART 6**

*When to Use this Form*

*An agreement or order dividing the benefits is required before a spouse is entitled to receive a proportionate share of the benefits. If the parties complete Form P9, this will satisfy the requirement for an agreement. Don't file this form if you already have a written agreement, or an order, dividing the benefits, or if the benefits are in a LIRA or LIF.*

*[Please print]*

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**To: Administrator of plan/annuity issuer**

*[Required]* Name of plan/annuity The Pulp and Paper Industry Pension Plan

*[Optional]* Address of administrator/annuity issuer  
c/o TELUS Health

768 Seymour St, 11th floor, Vancouver BC V6B 3K9

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**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.]*

*[Required]* Name of spouse \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

*[If available]* Email address \_\_\_\_\_

*[If available]* Telephone \_\_\_\_\_

*[Required]* Social Insurance Number \_\_\_\_\_

*[Required]* Date of birth \_\_\_\_\_

*[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.]*

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**In relation to: Plan member/annuitant**

*[Required]* Name of member/annuitant \_\_\_\_\_

*[Required]* Address \_\_\_\_\_

[Optional] Email address \_\_\_\_\_

[Optional] Telephone \_\_\_\_\_

[At least one of the following is required] Date of Birth, Social Insurance Number, or Plan Identity Number \_\_\_\_\_

[Optional] Employer \_\_\_\_\_

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**We agree to have the member's/annuitant's benefits under the plan/annuity divided between us in accordance with Part 6 of the *Family Law Act*.**

The benefits to be divided are those that accrued between

[Required] (a) \_\_\_\_\_ [date: yy/mm/dd] *[the commencement date as defined in the Division of Pensions Regulation, which date is usually the earlier of the date on which the parties commenced living together in a marriage-like relationship and the date on which they were married], and*

[Required] (b) \_\_\_\_\_ [date: yy/mm/dd] *[the entitlement date as defined in the Division of Pensions Regulation, which date is the date of separation, unless otherwise agreed by the spouses].*

We confirm that each of us is aware of the following:

- (a) the benefits are valuable;
- (b) pension plans are complicated;
- (c) securing the interest in the benefit is important to each of us, particularly with respect to providing us with income in old age;
- (d) each of us has read this form and understands it;
- (e) no one has put any pressure on either of us to sign this form;
- (f) each of us realizes that
  - (i) this form only gives a general description of the legal rights each of us has under the *Family Law Act* and the *Pension Benefits Standards Act* and the regulations to those Acts, and
  - (ii) if either of us wishes to understand exactly what our legal rights are we must read the *Family Law Act*, and the *Pension Benefits Standards Act* and the regulations to those Acts, and/or seek legal advice;
- (g) there may be tax implications to this agreement that should be addressed;

- (h) if the pension/annuity has already commenced, the administrator/annuity issuer will make no adjustment to the payments already made under the pension/annuity. We will need to address between ourselves any compensation for payments made before the administrator/annuity issuer is able to implement the division of the benefits;
- (i) we must provide further documents or evidence of entitlement as reasonably requested by the administrator/ annuity issuer;
- (j) each of us is entitled to a copy of this form.

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**Each of us is signing this form to have the benefits divided under Part 6 of the *Family Law Act*.**

Signed \_\_\_\_\_  
(member/annuitant)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(witness)

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

Signed \_\_\_\_\_  
(spouse)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(witness)

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

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**Comments and Instructions:**

Dividing benefits under Part 6 of the *Family Law Act* requires an agreement between the parties, or an order, that provides for that division. The agreement or order must set out the dates to be used for determining the portion of the benefits that are subject to division. This form can be used by the parties for that purpose and if signed by them constitutes an agreement under section 127 of the *Family Law Act* to divide the benefits.

When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice.