## 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.

[Please print]

То:	<b>Plan Administrator</b> Name of plan/annuity:		UBC Faculty Pension Plan	
	Address of administrator/annuity i	issuer:	201 – 2389 Health Sciences Mall	
			Vancouver, BC V6T 1Z3	
			Attention: Lorraine Heseltine	
			Member Services Specialist	
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.]  Address:				
	Email:			
	Tel: HomeW	Nork	SIN:	
	Date of Birth:			
			n to contact you about important matters. administrator/annuity issuer of any changes.]	
In relation to:				
	Email:			
	Tel: HomeW	Nork	SIN:	
	Employer:			

We agree to have the member's/annuitant 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 [continues on Page 2]

(a)	[date] [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			
(b)		nd the date on which they were married], and		
(6)	[date] [the entitlement date as defined in the Division of Pensions Regulation, which date is usually the date of separation].			
We cor	nfirm that each of us is aware of the followi	ing:		
(a)	the benefits are valuable;			
(b)	pension plans are complicated;			
(c)	securing the interest in the benefits 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)	,			
		scription of the legal rights either of us has under the Benefits Standards Act and the regulations to those		
	(ii) if either of us wishes to understa	and exactly what our legal rights are we must read the Benefits Standards Act and the regulations to those		
(g)	there may be tax implications to this agre	ement that should be addressed;		
(h)	adjustment to the payments already mad	nenced, the administrator/annuity issuer will make not de under the pension/annuity. We will need to address or payments made before the administrator/annuity the benefits;		
(i)	we must provide further documents or evidence of entitlement as reasonably requested by the			
(j)	administrator/annuity issuer; each of us is entitled to a copy of this form.			
Each of	f us is signing this form to have the benefit	ts divided under Part 6 of the Family Law Act.		
		Signed		
[memb	er/annuitant]	[spouse]		
Date		Date		
Signed	(witness)	Signed (witness)		
Witness Name		Witness Name		

[continues on Page 3]

Witness Address\_\_\_\_\_

Witness Address\_\_\_\_\_

## **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.

Form P9

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