

FORM P10 (Division of Pensions Regulation, s. 4 (1)(e))

**NOTICE OF ASSIGNMENT OF SURVIVOR BENEFITS BY AGREEMENT OR ORDER**

*When to Use this Form*

*A Form P10 is used if*

- *the member's pension/annuity has commenced,*
- *the spouse is entitled to survivor benefits under the pension/annuity, and*
- *the spouse has entered into a written agreement or has been ordered by the Supreme Court to pay some or all of the survivor benefits to another person under section 126.1 of the Family Law Act.*

*[Please print]*

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

*[Required]* Name of plan/annuity \_\_\_\_\_

*[Optional]* Address of administrator/annuity issuer \_\_\_\_\_

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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]* 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 \_\_\_\_\_

*[Optional]* Address \_\_\_\_\_

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

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

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

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**Details of Agreement:**

I confirm that I am aware of the following:

- (a) the member/annuitant is receiving a pension/annuity, and I am entitled to survivor benefits under the pension/ annuity;
- (b) these survivor benefits may have substantial value, and may be important to me to provide me with income in my old age;
- (c) these survivor benefits are my property;
- (d) I am permitted to agree or the Supreme Court may order me to pay these benefits to another person under section 126.1 of the *Family Law Act*;
- (e) I understand that the administrator/annuity issuer cannot be required to pay the survivor benefits to anyone else and I will be responsible for paying the benefits as indicated in the terms of the agreement or order to: (*Specify person*) \_\_\_\_\_;
- (f) I have read this form and understand it;
- (g) neither the member nor the person to whom the benefits are to be paid nor anyone else has put any pressure on me to sign this form;
- (h) neither the member nor the person to whom the benefits are to be paid is present while I am signing this form;
- (i) I realize that if I wish to understand exactly what my legal rights are I must read the *Family Law Act* and the *Pension Benefits Standards Act* and the regulations to those Acts, and/or seek legal advice;
- (j) there may be tax implications to this assignment that should be addressed.

Date \_\_\_\_\_

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