

Application for the Partition or Transfer of Member Benefits Upon Cessation of the Conjugal Relationship

This form is for a member or the spouse of a member who wishes to apply for the partition or transfer of the benefits accumulated by the member under the pension plan. This application may be made:

- in the event of separation from bed and board, divorce or marriage annulment or the dissolution otherwise than by death or the annulment of a civil union;
- where the court or the notarized declaration awards to the spouse of the member, in payment for a compensatory allowance, the benefits accumulated by the member under the pension plan;
- when unmarried spouses agree in writing, within the year following the cessation of their conjugal relationship, to partition the benefits accumulated by the member under the pension plan.

This form is not to be used for the seizure of benefits for unpaid alimony/child support.

Please print in block letters, in black or dark blue ink

A Identification of member			
Last name		First name	
Social Insurance Number	Date of birth Day Month Year	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Address			
City		Province	Postal code
Phone number (day) Area code	Email address (optional) @		

B Identification of spouse of member			
Last name		First name	
Date of birth Day Month Year	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Address			
City		Province	Postal code
Phone number (day) Area code	Email address (optional) @		

C Documents to be sent in with this form
1. For a marriage or civil union
<ul style="list-style-type: none"> <input type="checkbox"/> Decree of separation from bed and board, divorce, annulment of marriage or civil union, dissolution of civil union or payment of a compensatory allowance <input type="checkbox"/> Any other decree related to the partition or transfer of the member's benefits under the plan <input type="checkbox"/> Certificate of non appeal <input type="checkbox"/> As applicable, the written agreement regarding the partition or transfer of the member's benefits <input type="checkbox"/> As applicable, the notarized joint declaration of dissolution of a civil union and the transaction contract <input type="checkbox"/> Proof of the date of marriage or civil union if not indicated in the decree or notarized joint declaration <input type="checkbox"/> Proof of the date of institution of the action if not indicated in the decree

C	Documents to be sent in with this form (cont'd)
2. For unmarried spouses	
<input type="checkbox"/> Written agreement between the spouses regarding the partition of the member's benefits	

D	Declaration required for unmarried spouses or in a civil union (this section must be completed by both partners)																	
We, the undersigned, declare that:																		
1. The member identified in Section A of this form is not married or in a civil union																		
2. The date of the start of our conjugal relationship is:	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Years</td> <td colspan="4"></td> </tr> </table>									Day	Month	Years						
Day	Month	Years																
3. The date of the end of our conjugal relationship is:	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Years</td> <td colspan="4"></td> </tr> </table>									Day	Month	Years						
Day	Month	Years																
Signature of member:	_____	Date: _____																
Signature of spouse:	_____	Date: _____																

E	Signature of member and/or spouse	
<p><i>If the application is signed by the member and spouse, Aon Hewitt will proceed with the partition without further notice. However, if the application is not a joint application, Aon Hewitt must send a notice to the spouse of the requestor, informing the spouse of the application and of the value of the benefits claimed. It will then take an additional 60 days before the partition or transfer is executed.</i></p> <p>I, the undersigned, request the partition or transfer of benefits accumulated by the member identified in Section A under the <i>Régime complémentaire de rentes des techniciens ambulanciers/paramédics et des services préhospitaliers d'urgence</i>, in accordance with Act and the documents accompanying this application.</p>		
Signature of member identified in Section A:	_____	Date: _____
Signature of spouse identified in Section B:	_____	Date: _____

**For additional information, please contact
Aon Hewitt as follows:**

PLEASE SEND THIS FORM TO AON RRTAP PO Box 2220, Stn Don Mills Toronto ON M3C 0M7	QUESTIONS? Customer Contact Center : Phone: 1 866 874-4069 toll free Fax : 514 845-0678 Email : rrtap@aon.ca
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