FORM P1 (Division of Pensions Regulation, s.4 (a)) CLAIM AND REQUEST FOR INFORMATION AND NOTICE

When to Use this Form

A *Form P1* is used by a spouse who is making a claim to an interest in the member's/annuitant's benefits. After this form is delivered to the administrator/annuity issuer, the spouse is entitled to receive

- information from the administrator/annuity issuer about the benefits, and
- 30 days' advance notice of changes of circumstances affecting the benefits.

[Please	2 pj		
To:	Administrator of plan/annuity issuer		
	Name of plan/annuity Address of administrator/ annuity issuer	Teachers' Pension Plan	
		PO Box 9460	
		Victoria BC V8W 9V8	
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.]		
	Name of spouse		
	Address		
	Email address		
	Telephone (home) (work)		
	Social Insurance Number		
In rela	ition to: Plan member/ai	nnuitant	
In rela		t	
In rela	Name of member/annuitan Address		
In rela	Name of member/annuitan Address Email address	t	
In rela	Name of member/annuitan Address Email address Telephone (home)	t (work)	
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	Name of member/annuitan Address Email address Telephone (home) Social Insurance or Plan Id	t (work)	
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Declar I, the men	Name of member/annuitan Address Email address Telephone (home) Social Insurance or Plan Id Employer ration of spouse claiming	t (work) lentity Number interest [name of spouse] am claiming an interest in the benefits of ion 81 of the Family Law Act. [see below]	
Declar I, the men	Name of member/annuitan Address Email address Telephone (home) Social Insurance or Plan Id Employer ration of spouse claiming mber/annuitant based on section of that claim, I declare the	t (work) lentity Number interest [name of spouse] am claiming an interest in the benefits of ion 81 of the Family Law Act. [see below]	
Declar I, the men In suppe (a) I beg	Name of member/annuitan Address Email address Telephone (home) Social Insurance or Plan Id Employer ration of spouse claiming mber/annuitant based on section of that claim, I declare the gan living in a marriage-like	interest [name of spouse] am claiming an interest in the benefits of ion 81 of the Family Law Act. [see below]	

[You are not required to authorize the administrator/annuity issuer to communicate with a representative. If you wish to authorize that communication, you must complete the following, otherwise, the administrator/annuity issued cannot communicate with your representative.]		
I authorize you to communicate with and release information to my representative(s): [include name(s) and address(es) of representative(s)]		
This autl	norization expires on[date].	
Signed (s	pouse)	
Date of I	Declaration	
Signed (1	vitness to signature of spouse)	
Name of	witness	
Address	of witness	
Family	Law Act, section 81:	
	ject to an agreement or order that provides otherwise and except as set out in this Part and Part 6 nsion Division],	
	(a) spouses are both entitled to family property and responsible for family debt, regardless of their respective use or contribution, and	

(b) on separation, each spouse has a right to an undivided half interest in all family property as a tenant in common, and is equally responsible for family debt.