

# REQUEST FOR STATEMENT OF BENEFIT ENTITLEMENT

Division of pension regulations applies to legal marriages and common-law relationships of more than three years. All sections of this form must be completed. Please read the back of this form for more information.

| Member   |   |                 |            |              |                                  |                 |       |            |             |  |
|--|---|-----------------|------------|--------------|----------------------------------|-----------------|-------|------------|-------------|--|
| Information  | ATRF ID   |                 |            |              |                                  |                 |       | 1          |             |  |
|  | Name Last   |                 |            |              | First                            |                 |       | <b>」</b> _ | Initial     |  |
|  |   |                 |            |              | Date of Birth                    |                 |       |            |             |  |
|  | Previous Last Name (if applicable)  Address Street  Telephone Primary |                 |            |              | <u> </u>                         | <i>уууу</i><br> | ,<br> | mm         | dd          |  |
|  |   |                 |            |              | City                             | Prov.           |       |            | Postal Code |  |
|  |   |                 |            |              | Telephone Alternate              |                 |       |            |             |  |
| Former   |   |                 |            |              |                                  |                 |       | ĺ          |             |  |
| Pension  | Name Last   |                 |            |              | First                            | First           |       |            | Initial     |  |
| Partner Information  |   |                 |            |              | Date of Birth                    |                 |       |            | alal        |  |
|  | Previous Last N   | ame (ii appiica | abie)      |              | <u> </u>                         | <i>уууу</i><br> | ·<br> | mm         | dd          |  |
| Legislation requires<br>both parties receive<br>a copy of the<br>statement.    | Address Street  |                 |            |              | City                             |                 | Prov. | P          | Postal Code |  |
|  | Telephone <i>Primary</i>  |                 |            |              | Telephone Alternate              |                 |       |            |             |  |
|  | ☐ Check if  | both partie     | es are mer | mbers of the | e Teachers' Pens                 | ion Plan        |       |            |             |  |
| Period of<br>Joint Accrual   | Start Date  |                 |            |              | End Date                         |                 |       | 1          |             |  |
|  |   | уууу            | mm         | dd           | _                                | уууу            | mm    |            | dd          |  |
| Signature  |   |                 |            |              |                                  |                 |       |            |             |  |
| Both parties must  |   |                 |            |              |                                  |                 |       |            |             |  |
| sign this form if the<br>member and former<br>pension partner<br>have the same | Signature Member  |                 |            |              | Signature Former Pension Partner |                 |       |            |             |  |
| mailing address.   | Date  |                 |            |              | Date                             |                 |       |            |             |  |
|  |   | уууу            | mm         | dd           | -                                | уууу            | mm    |            | dd          |  |

The personal information collected through this form is for the purpose of administering benefits under the Teachers' and Independent School Teachers' Pension Plans and will be input into an automated system which generates content. This collection is authorized by sections 4(a) and 4(c) of the *Protection of Privacy Act* and section 25 of the *Teachers' Pension Plans Act*. For questions about the collection of personal information, contact legal@atrf.com or 1-800-661-9582 or by mail to 500 Barnett House, 11010 142 Street NW, Edmonton, AB, T5N 2R1.

#### **Alberta Teachers' Retirement Fund**

# ATRE

## REQUEST FOR STATEMENT OF BENEFIT ENTITLEMENT

To divide pension entitlements, the Alberta Teachers' Retirement Fund Board (ATRF) requires a court-filed and court-certified Family Property Order (FPO). Prior to retirement the pension division can only be a lump-sum payment. For pensions that are already in pay, only the monthly payment can be divided; there is no option for a lump-sum payment.

The Request for a Statement of Benefit Entitlement does not create any right to benefits. You are not obligated to divide the pension once you submit the request. The pension does not have to be divided. The value can be offset against other family property. Until ATRF receives a valid FPO or confirmation that a member's benefit entitlement will not be divided, no benefits will be payable from the Plans.

The former pension partner's share is equal to the member's total entitlement in the Plans multiplied by the ratio of the pensionable service accumulated in the period of joint accrual to the total pensionable service earned up to the end date of the period of joint accrual multiplied by the division factor. The division factor is the percentage of the pension to be awarded to the member's former pension partner in the Family Property Order (FPO) and cannot exceed 50%.

#### The FPO must include:

- The beginning and end of the period that the benefit is considered to have jointly accrued for the purposes of the Family Property Act,
- Whether or not there is a delayed division, if that option is available, and
- The "division factor", which is the percentage share of the jointly accrued benefit which is awarded to the member's former pension partner.

# Additional Information Relating to the Request

- Either the member or former pension partner can request a Statement of Benefit Entitlement.
- Legislation requires both parties receive a copy of the statement.
- ATRF is not required to provide a statement more than once in a calendar year.
- If both parties are plan members, both parties' benefit entitlements will be valued.

### **Division Requirements**

ATRF cannot process a division until:

- A court-filed and court-certified copy of an FPO that complies with section 45 of the *Teachers' Pension Plans* (Legislative Provisions) Regulation has been filed with the ATRF,
- ATRF has received all required documentation; copies of birth and relationship certificates and, if applicable, a Canada Revenue Agency Direct Transfer of a Single Amount form T2151.

#### **Glossary**

#### Member

For the purpose of the Statement of Benefit Entitlement the member is the person who has an entitlement in the Teachers' Pension Plan that is considered to be part of the family property and subject to a possible division.

#### **Former Pension Partner**

For the purpose of the Statement of Benefit Entitlement the former pension partner is the person to whom the member was legally married or with whom the member was in a common-law relationship for at least three years.

#### **Period of Joint Accrual**

The period of joint accrual is the period that will be valued. The start and end dates of the period of joint accrual are often the date of marriage or the date the common-law relationship commenced and the date of separation, but can be any dates that are mutually agreed upon by the parties involved. The actual division will be based on the period of joint accrual as stated in the FPO.