

Application for Canada Pension Plan Pension Sharing of Retirement Pension(s)

It is very important that you:

- send in this form with supporting documents
(see the information sheet for the documents we need); **and**
- use a **pen** and **print** as clearly as possible.

FOR OFFICE USE ONLY
Age established

Section A - Information about you

1A. Social Insurance Number	1B. Sex <div style="text-align: center;">Male Female</div>	1C. Date of Birth YYYY-MM-DD	1D. Country of Birth (If born in Canada, indicate province or territory)
Your Language Preference	2A. Written Communications (Check one) <div style="text-align: center;">English French</div>	2B. Verbal Communications (Check one) <div style="text-align: center;">English French</div>	
3A. Mr. Mrs Ms. Miss	Usual First Name and Initial		Last Name
3B. Full name at birth, if different from 3A.	First Name and Initial		Last Name
3C. Name on social insurance card, if different from 3A.	First Name and Initial		Last Name
4. Mailing Address (No., Street, Apt., PO Box, RR)			
Province or Territory		Country other than Canada	Postal Code
5A. Area code and telephone number at home		5B. Area code and telephone number at work (if applicable)	
6. If your address is outside of Canada, indicate the last province or territory where you lived in Canada.			
7. Home Address, if different from mailing address (No., Street, Apt., R.R.)			
Province or Territory		Country other than Canada	Postal Code
8A. Are you receiving or have you ever applied for a benefit under the			
		Canada Pension Plan? Yes No	Régime de rentes du Québec? (Quebec Pension Plan) Yes No
8B. If you answered yes to any of the above, provide the Social Insurance Number or account number under which you applied.			
9. Have you contributed to the Quebec Pension Plan or have you worked in Quebec since 1966?			
		Yes No	
10. Voluntary Income Tax Deduction This service is available to Canadian residents only. Your Canada Pension Plan benefit is taxable income. If we approve your application, would you like us to deduct federal income tax from your monthly payment? (See the information sheet for more information)			
Yes No	If yes , indicate the dollar amount or percentage you want us to deduct each month.		Federal Income Tax Federal Income Tax
		\$ _____	_____ %

11. Payment information**Direct deposit in Canada:** Complete the boxes below with your banking information.

Branch Number (5 digits)

Institution Number (3 digits)

Account Number (maximum of 12 digits)

Name(s) on the account

Telephone number of your financial institution

Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development (ESDC) and the Canada Revenue Agency (CRA) to share your personal and direct deposit information, your consent is required.

By selecting "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you select "I do not agree", your information will not be shared.

 I agree I do not agree
Direct deposit outside Canada:For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.**Section B - Information about your spouse or common-law partner**

(See the information sheet for definition of spouse and common-law partner)

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USE ONLY**

Age established

12A. Social Insurance Number	12B. Sex Male Female	12C. Date of Birth YYYY-MM-DD	12D. Country of Birth (If born in Canada, indicate province or territory)
Your Language Preference	13A. Written Communications (Check one) English French	13B. Verbal Communications (Check one) English French	
14A. Mr. Mrs. Ms. Miss	Usual First Name and Initial	Last Name	
14B. Full name at birth, if different from 14A.	First Name and Initial	Last Name	
14C. Name on social insurance card, if different from 14A.	First Name and Initial	Last Name	

Section B - Information about your spouse or common-law partner (continued)

(See the information sheet for definition of spouse and common-law partner)

15. Mailing Address (No., Street, Apt., PO Box, RR)		City	
Province or Territory		Country other than Canada	Postal Code
16A. Area code and telephone number at home		16B. Area code and telephone number at work (if applicable)	
17. If your spouse's or common-law partner's address is outside of Canada, indicate the last province or territory where he/she lived in Canada.			
18. Home Address, if different from mailing address (No., Street, Apt., RR)		City	
Province or Territory		Country other than Canada	Postal Code
19A. Is your spouse or common-law partner receiving or has he/she applied for a benefit under the:	Canada Pension Plan?	Régime de rentes du Québec? (Quebec Pension Plan)	
	Yes No	Yes	No
19B. If yes to any of the above, provide the Social Insurance Number or account number under which your spouse or common-law partner applied.			
20. Has your spouse or common-law partner contributed to the Quebec Pension Plan or has he/she worked in Quebec since 1966?		Yes	No

Section C - Information about your legal marriage or common-law union

(See the information sheet for documents that must be provided with this application)

21. What is your current marital status?		Please obtain and complete the form titled "Statutory Declaration of Common-law Union" and return it with this application.	
Married OR Common-law			
22A. If "married", what is your date of marriage? (Please enclose a certified copy of your marriage certificate)	YYYY-MM-DD	22B. On what date did you and your spouse or common-law partner start living together (if different from number 22A)?	YYYY-MM-DD
23. Are you and your spouse or common-law partner still living together? Yes No If no , see the information sheet for eligibility requirements.			
24A. Were there any periods when you and your spouse or common-law partner did not live together? Yes No If yes , indicate the period(s) and complete numbers 24B and 24C. If more space is required, use the space provided on page 5 of this application.			
		From (YYYY-MM-DD)	To (YYYY-MM-DD)
24B. Reason for separation		FOR OFFICE USE ONLY	
Voluntary separation Involuntary separation (e.g. Due to employment, illness, etc.)		M. / C.L.U. EST ST.	EN.
24C. If "voluntary separation", please specify the reason for your separation(s) (e.g. Legal separation).		C.C	C.E
		SIG.	

Section D - Applicant's Declaration

I hereby apply for pension sharing of retirement pension(s) under the provisions of the *Canada Pension Plan*. I declare that, to the best of my knowledge, the information on this application is true and complete. I undertake to notify Service Canada of any changes in circumstances that may affect my eligibility for this pension sharing of retirement pension.

Your personal information is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. Your personal information may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes however, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *CPP* and *Old Age Security Act*.

Your personal information is administered in accordance with the *CPP*, the *Privacy Act*, the *Department of Employment and Social Development Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank Canada Pension Plan Program (ESDC PPU 146). You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: www.canada.ca/infosource-ESDC. *Info Source* may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern.

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

I concur with this application for pension sharing. (The spouse's or common-law partner's signature is not mandatory. However, if we have both signatures we will be able to reach a decision sooner.)

Signature of applicant

Signature of Spouse or Common-Law partner Date (YYYY-MM-DD)

Note: We can only accept a signature with a mark (e.g. X) if a responsible person witnesses it. That person must also complete the declaration below.

Section E - Witness Declaration

If the applicant signs with a mark, a witness (friend, member of the family, etc.) must complete this section.

I have read the contents of this application to the applicant, who appeared to fully understand and who made his or her mark in my presence.

Name

Relationship to applicant

Telephone number

Address

Witness's signature

Date (YYYY-MM-DD)

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Application taken by: (Please print name and phone number)

Telephone number

Application approved pursuant to the Canada Pension Plan.

Authorized Signature

Effective Date:

(Month)

(Year)

Date

Use this space, if needed, to provide us with more information. Please indicate the question number concerned for each answer given. If you need more space, use a separate sheet of paper, indicate your social insurance number on it and attach it to this application.



Service
Canada

Service Canada Offices

Canada Pension Plan

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-957-1954** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK AND QUEBEC

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

ONTARIO

For postal codes beginning with "L, M or N"

Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"

Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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