



Canada Pension Plan Credit Split (upon separation or divorce)

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.

SECTION A - INFORMATION ABOUT YOU

(The spouse, former spouse or former common-law partner requesting the division)

1A. Social Insurance Number		1B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		1C. Date of Birth Year Month Day		1D. Country of Birth (If born in Canada, indicate province or territory)				
Your Language Preference	2A. Written Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French			2B. Verbal Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French		FOR OFFICE USE ONLY				
3A. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Usual First Name and Initial			Last Name		SEQ.	OVER-RIDE	AGE ESTABLISHED	DA	
3B. Name at birth, if different from 3A. (e.g. maiden name, legal name change, etc.)	First Name and Initial			Last Name		Q	SURNAME - VALIDATOR			DB
3C. Name on social insurance card, if different from 3A.	First Name and Initial			Last Name						DC
4. Mailing Address (No., Street, Apt., P.O. Box, R.R.)					City					DD
Province or Territory					Country other than Canada			Postal Code		
Telephone Number(s)	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.)					City					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Old Age Security? <input type="checkbox"/> Yes <input type="checkbox"/> No		Régime de rentes du Québec? (Quebec Pension Plan?) <input type="checkbox"/> Yes <input type="checkbox"/> No				
8B. If you answered yes to any of the above, provide the Social Insurance Number or account number under which you applied. ▶										

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Disponible en français

SECTION B - INFORMATION ABOUT YOUR SPOUSE, FORMER SPOUSE OR FORMER COMMON-LAW PARTNER

9A. Social Insurance Number		9B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9C. Date of Birth Year Month Day		9D. Country of Birth (If born in Canada, indicate province or territory)				
Language Preference	10A. Written Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French			10B. Verbal Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French		FOR OFFICE USE ONLY				
11A. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Usual First Name and Initial			Last Name		SEQ.	OVER-RIDE	AGE ESTABLISHED	DE	
11B. Name at birth, if different from 11A. (e.g. maiden name, legal name change, etc.)	First Name and Initial			Last Name		Q	SURNAME - VALIDATOR			DF
11C. Name on social insurance card, if different from 11A.	First Name and Initial			Last Name						
12. Mailing Address (No., Street, Apt., P.O. Box, R.R.)					City					DG
Province or Territory					Country other than Canada					DH
Telephone Number(s)	13A. Area code and telephone number at home			13B. Area code and telephone number at work (if applicable)						
14. If your spouse's, former spouse's or former common-law partner's address is outside of Canada, indicate their last province or territory where he/she lived in Canada. ▶										
15. Home Address, if different from mailing address (No., Street, Apt., R.R.)					City					
Province or Territory					Country other than Canada					Postal Code
16A. Is your spouse, former spouse or former common-law partner receiving or have they ever applied for a benefit under the:										
			Canada Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Old Age Security? <input type="checkbox"/> Yes <input type="checkbox"/> No		Régime de rentes du Québec? (Quebec Pension Plan?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
16B. If you answered yes to any of the above, provide the Social Insurance Number or account number under which your spouse, former spouse or former common-law partner applied. ▶										
17A. Is your spouse, former spouse or former common-law partner still alive? <input type="checkbox"/> Yes <input type="checkbox"/> No										
17B. If no, where and on what date did your spouse, former spouse or former common-law partner die? (See the information sheet for proof of date of death documents required.)										
Place of death ▶ _____					Date of death ▶ _____ Year Month Day					

COMPLETE SECTION C IF THE CREDITS TO BE DIVIDED WERE ACCUMULATED DURING A LEGAL MARRIAGE. IF NOT, COMPLETE SECTION D.

SECTION C - INFORMATION ABOUT YOUR LEGAL MARRIAGE

(Refer to the information sheet for documentation requirements)

			FOR OFFICE USE ONLY																														
18A. Date of your marriage	Year Month Day	18B. Country in which the marriage took place	M.E.																														
18C. Date your marriage ended (if applicable)	Year Month Day	18D. Date you and your spouse or former spouse last resided together	D.E.																														
<p>19. Were there any periods during that time when you and your spouse or former spouse did not reside together? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, indicate the periods below:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%; text-align: center;">From</th> <th style="width: 12.5%; text-align: center;">To</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%; text-align: center;">From</th> <th style="width: 12.5%; text-align: center;">To</th> </tr> <tr> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td>b)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> </tr> <tr> <td>c)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td>d)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table> <p>(If you have more than four periods to report, use the space provided on page 5 of this form.)</p>					From	To		From	To		Year Month Day	Year Month Day		Year Month Day	Year Month Day	a)			b)				Year Month Day	Year Month Day		Year Month Day	Year Month Day	c)			d)		
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a)			b)																														
	Year Month Day	Year Month Day		Year Month Day	Year Month Day																												
c)			d)																														
<p>20. If yes to number 19, what was the reason for the separation(s)? (For example, separation due to employment or illness.)</p>																																	
<p>21. Were there any periods during which you and your spouse or former spouse lived together in a common-law union before the marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, indicate the periods below:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%; text-align: center;">From</th> <th style="width: 12.5%; text-align: center;">To</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%; text-align: center;">From</th> <th style="width: 12.5%; text-align: center;">To</th> </tr> <tr> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td>b)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table> <p>(If you have more than two periods to report, use the space provided on page 5 of this form.)</p>					From	To		From	To		Year Month Day	Year Month Day		Year Month Day	Year Month Day	a)			b)														
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	Year Month Day	Year Month Day		Year Month Day	Year Month Day																												
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COMPLETE SECTION D IF THE CREDITS TO BE DIVIDED WERE ACCUMULATED DURING A COMMON-LAW UNION THAT DID NOT RESULT IN A LEGAL MARRIAGE.

SECTION D - INFORMATION ABOUT YOUR COMMON-LAW UNION

(Refer to the information sheet for documentation requirements)

			FOR OFFICE USE ONLY																														
22A. Date your common-law union began	Year Month Day	22B. Date your common-law union ended	U.E.																														
<p>23. Were there any periods during that time when you and your former common-law partner did not live together? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, indicate the periods below:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%; text-align: center;">From</th> <th style="width: 12.5%; text-align: center;">To</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%; text-align: center;">From</th> <th style="width: 12.5%; text-align: center;">To</th> </tr> <tr> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td>b)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> <td></td> <td style="text-align: center;">Year Month Day</td> <td style="text-align: center;">Year Month Day</td> </tr> <tr> <td>c)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td>d)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table> <p>(If you have more than four periods to report, use the space provided on page 5 of this form.)</p>					From	To		From	To		Year Month Day	Year Month Day		Year Month Day	Year Month Day	a)			b)				Year Month Day	Year Month Day		Year Month Day	Year Month Day	c)			d)		
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c)			d)																														
<p>24. If yes to number 23, what was the reason for the separation(s)? (For example, separation due to employment or illness.)</p>																																	

SECTION E - INFORMATION ABOUT A WRITTEN AGREEMENT OR COURT ORDER
(Refer to the information sheet for documentation requirements)

25A. Did you and your spouse, former spouse or former common-law partner enter into a written agreement or was a court order made concerning a division of pension credits? Yes No

25B. If yes, in which province and on what date did the court order or written agreement take place? Year Month Day
 Province ▶ Date ▶

SECTION F - INFORMATION ABOUT THE INDIVIDUAL WHO COMPLETED THE FORM

I am the person named in Section A. Complete Section H.

I am authorized to act on behalf of the person named in Section A. Complete Section G.

I am none of the above. You must complete Section G and attach a note explaining why you are supplying this information.

SECTION G - INFORMATION ABOUT THE LEGAL REPRESENTATIVE OF THE PERSON NAMED IN SECTION A

Full name of agency, firm or third party

Mailing Address (No., Street, Apt., P.O. Box, R.R. and City)	Province or Territory	
	Country other than Canada	Postal Code

SIGNATURE X	Year	Month	Day	Area Code and Telephone Number
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SECTION H - YOUR DECLARATION

I hereby request a credit split under the Division of Unadjusted Pensionable Earnings provision of the Canada Pension Plan. I declare that, to the best of my knowledge, the information on this form is true and complete. I realize that my personal information is governed by the Privacy Act and it can be disclosed where authorized under the Canada Pension Plan.

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.

APPLICANT'S SIGNATURE **X** **APPLICATION DATE** Year Month Day

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 I - WITNESS'S 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	Signature	Date Year Month Day

FOR OFFICE USE ONLY								
DATE RECEIVED	DATE START LIVING TOGETHER <small>Month Year</small>	DATE OF MARRIAGE <small>Month Year</small>	DATE LAST LIVED TOGETHER <small>Month Year</small>	DATE OF DISSOLUTION OF MARRIAGE <small>Month Year</small>	RANGE OF DIVISION <small>Month Year Month Year</small>	DIVISION ACTION	TYPE OF DIVISION	CLIENT SERVICE CENTRE NUMBER

Application taken by: (Please print name and phone number)	DATE RECEIVED
Authorized Signature	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 and attach it to this application.



Service
Canada

Service Canada Offices

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: **613-990-2244** (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
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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 Station A
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
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Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

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