

-IMPORTANT-

Retain this Information Sheet for your records

Information Sheet

How to Apply for a Canada Pension Plan Credit Split (upon separation or divorce)

Getting started

Please read this information sheet before you complete your application. The explanations match the box numbers on the application form.

Please use a **pen** to complete your application and be sure to **print** as clearly as possible.

Fill out as much of the application form as you can. If you need help, have a list of your questions ready and call us at the telephone numbers we have listed in the section called "**How to contact us**". Please have your Social Insurance Number ready.

You can also **make an appointment** with one of our service delivery agents. To do so, call us at the telephone numbers we have listed in the section called "**How to contact us**".

HOW TO CONTACT US

To learn more about Canada Pension Plan, Old Age Security Program and Service Canada on-line services, please visit our Internet site at :

servicecanada.gc.ca

OR

You can call:

In Canada or the United States,

1 800 277-9914 (for service in English)

1 800 277-9915 (for service in French)

1 800 255-4786 TTY/Teletypewriter Users Only

This Information Sheet contains general information concerning the Canada Pension Plan Division of Unadjusted Pensionable Earnings "Pension Credits". The information reflects the Canada Pension Plan legislation. If there are any differences between what is in the Information Sheet and the Canada Pension Plan legislation, the legislation is always right.

CHECK LIST

Information/Documents You Need to Provide

Date of marriage	You must provide your original marriage certificate. If you are unable to provide this document, please contact us to obtain the form titled " Statutory Declaration of Legal Marriage ".
Date your marriage ended	Submit the decree absolute of divorce, a judgement granting a divorce under the Divorce Act, 1985, or a judgement of nullity of a marriage. If you are unable to provide one of these documents, please contact us to obtain the form titled " Statutory Declaration - Separation of Legal Spouses ".
The date when your common-law union started and ended	A " Statutory Declaration of Common-law Union " must also be submitted to establish the date when your common-law union started and ended.
Social Insurance Number	Indicate your Social Insurance Number on all documents before sending them to us (except originals).
If you have already provided these documents to the Canada Pension Plan or Old Age Security Program, you do not have to provide them again.	

If you need to send us documents, try to send us certified photocopies instead of the original documents. This way there is no risk that your original documents will be lost in the mail. See the section titled "**Send certified photocopies instead of originals**" for more information.

What are "Pension Credits"?

Canada Pension Plan pension credits are based on the contributions that each worker makes to the Plan. Every employed person makes contributions to the Canada Pension Plan. The amount of contributions you make is based on your salary. As you contribute over the years, your pension credits increase.

When you apply for a benefit under the Canada Pension Plan, your pension credits are used to:

- determine if you qualify; **and**
- calculate the amount you will receive.

What is a Canada Pension Plan Credit Split?

The Canada Pension Plan (CPP) contains a provision allowing the CPP credits that you and/or your spouse, former spouse or former common-law partner accumulated **during the time you lived together** to be divided equally. The division can only take place after a divorce, legal annulment, separation from a legal marriage or common-law union. This provision is called the "Division of Unadjusted Pensionable Earnings".

The CPP credits are divided for the years you lived with your spouse, former spouse or former common-law partner. The credits can be divided from the most recent of the following dates: January 1966 (the date on which the CPP started); or the year in which you started living with your spouse, former spouse or former common-law partner.

The division of credits ends in December of the year before you separated from your spouse, former spouse or former common-law partner. The credits can be divided even if one of you did not contribute to the CPP. A division of pension credits may help you qualify for a CPP benefit or increase the amount you would receive. However, there are some instances where a division of pension credits can decrease the amount you would receive. You should apply for a division and submit the necessary information as soon as possible.

The CPP legislation provides that where a couple is divorced or where a legal annulment occurs on or after January 1, 1987, no application is required. However, we need some information from you to go ahead with the division of pension credits. This information may be submitted by completing the form titled "**Canada Pension Plan Credit Split**". The division will be effective on the first day of the month following the month that the Minister of Social Development Canada (Social Development Sectors Branch) has received the necessary information.

Basic eligibility factors for splitting Canada Pension Plan Pension Credits

If your marriage ended in divorce or annulment on or after January 1, 1987

You may qualify for a credit split if:

- you lived with your former spouse for at least 12 consecutive months; **and**
- you or your former spouse notifies Service Canada and provides the necessary information (there is no time limit).

If you are married and your separation occurred on or after January 1, 1987

You may qualify for a credit split if:

- you lived with your spouse for at least 12 consecutive months;
- you have been separated for at least 12 consecutive months; **and**
- you or your spouse apply in writing and send us the necessary documents.

NOTE: There is no time limit to apply, **unless your spouse dies**, in which case, you must apply within 36 months of the date of death.

If your common-law union ended on or after January 1, 1987

You may qualify for a credit split if:

- you lived with your former common-law partner for at least 12 consecutive months;
- you have been living apart for at least 12 consecutive months when you apply (except in cases where your former common-law partner died during this period, in which case you may still qualify); **and**
- you or your former common-law partner apply in writing and send us the necessary documents **within 48 months of the date you began living apart** (unless your former common-law spouse is still alive and agrees in writing to waive the 48 month time limit).

For former common-law partners of the same sex, the division of pension credits will only be applied if the partners separated on or after July 31, 2000.

Basic eligibility factors for splitting Canada Pension Plan Pension Credits (continued)

If you were divorced or your marriage was annulled between January 1, 1978 and December 31, 1986

You may qualify for a credit split if:

- you and your former spouse had been married and lived together for at least 36 consecutive months;
- the divorce or annulment was recognized by Canadian law; **and**
- you or your former spouse apply in writing and send us the necessary documents within 36 months after your marriage ended.

NOTE: If you did not apply within 36 months after the end of your marriage, your pension credits can be divided only if your former spouse is still alive and agrees in writing to waive the 36 months time limit.

If your marriage ended in divorce or annulment before January 1, 1978

Canada Pension Plan Credit Split did not exist before January 1, 1978. Therefore a division of CPP pension credits cannot be done.

Send certified photocopies instead of original documents

With your application, you usually have to send us certain documents. If you have to send us documents, try to send us certified photocopies instead of the original documents. If you do decide to send your original documents, you may want to send them by registered mail. We will return all the original documents you send us.

Keep in mind, however, that **we can only accept a photocopy if it is readable and if you have someone certify it as a true copy of the original.** If you can bring your original documents into any Service Canada office, our staff will photocopy the documents and certify them for free.

Send certified photocopies instead of original documents (continued)

If you cannot visit a Service Canada office, you can ask one of the following people to certify your photocopy:

- Accountant
- Chief of First Nations Band
- Employee of a Service Canada Centre acting in an official capacity
- Funeral Director
- Justice of the Peace
- Lawyer
- Magistrate
- Manager of Financial Institution
- Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse
- Member of Parliament or their staff
- Member of Provincial Legislature or their staff
- Minister of Religion
- Municipal Clerk
- Notary
- Official of a federal government department or provincial government department, or one of its agencies
- Official of an Embassy, Consulate or High Commission
- Official of a country with which Canada has a reciprocal social security agreement
- Police Officer
- Postmaster
- Professional Engineer
- Social Worker
- Teacher

People who certify photocopies have to compare the original document to the photocopy and provide the following information:

- state their official position or title;
- sign and print their name;
- provide their phone number; **and**
- include the date they certified the document(s).

They also have to write the following statement on the photocopy:

This photocopy is a true copy of the original document which has not been altered in any way.

You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you. **Please write your Social Insurance Number on all documents that you send us (except originals).**

Filling out your application

The following information explains how to complete the application form. Where needed, explanations have been provided. These explanations match the box numbers on the application form.

If you have any questions, please call us at the telephone numbers listed in the section called "**How to contact us**".

Section A: Information about you (The spouse, former spouse or former common-law partner requesting the division)

Box 1A Your Social Insurance Number

Enter your Social Insurance Number in this box.

We keep a record of the contributions you make to the Canada Pension Plan under your Social Insurance Number. To make sure that we use your record, you must indicate your Social Insurance Number in question 1A.

If you have more than one Social Insurance Number, please attach a note to your application, listing all social insurance numbers assigned to you.

Box 1C Your date of birth

Please enter your date of birth in this box.

Box 2A Written communication

In this box, please tell us in which language you would like to get letters from us. Check only one box.

Box 2B Verbal communication

Please check the language - English or French - you would like to use when you talk to us.

You can choose a different language for written communication than the one you choose for verbal communication. For example, you can ask to receive your letters in English, and you can ask to use French when talking to one of our agents.

Section B: Information about your spouse, former spouse or former common-law partner

Under the *Canada Pension Plan*:

- a **spouse** is a person to whom you are legally married;
- a **common-law partner** is a person of the opposite sex or same sex who has been living in a conjugal relationship for at least one year.

NOTE: Spouses who are separated from one another are still considered spouses, not former spouses.

Box 9A Your spouse's, former spouse's or former common-law partner's Social Insurance Number

Your spouse's, former spouse's or former common-law partner's Social Insurance Number is required in order for us to make sure that we use his/her record when dividing the pension credits.

Box 10A and 10B Your spouse's, former spouse's or former common-law partner's language preference

Please indicate, in questions 10A and 10B, the language (English or French) in which you believe your spouse, former spouse or former common-law partner would prefer that we communicate with him/her, in writing and verbally.

Box 17B Your spouse's, former spouse's or former common-law partner's date of death

If your spouse, former spouse or former common-law partner is deceased, you must submit proof of his/her date of death with your application. To be accepted as proof, the document must indicate the name, date and place of death of your spouse, former spouse or former common-law partner. The document must also be on official letterhead or contain a seal, and provide the name and/or signature of the person or authority issuing the document.

Box 17B

Your former spouse's or former common-law partner's date of death (continued)

The following documents may be accepted as proof of date of death:

ACCEPTABLE DOCUMENTS FOR PROOF OF DEATH
<ul style="list-style-type: none">• Burial or Death Certificate• Certification of Death from another country, if an agreement on social security exists with that country• Life or Group Insurance Claim along with a statement signed by a medical doctor• Medical Certification of Death• Memorandum of Notification of Death issued by the Chief of National Defence Staff• Notarial copy of Letters of Probate• Official Death Certificate• Official Notification from the Public Trustee for a Province• Registration of Death• Statement of a medical doctor, coroner or funeral director• Statement of Verification of Death from the Department of Veterans Affairs

Section C: Information about your legal marriage

Certain documents are required to confirm your date of marriage. When possible, you should submit a certified true copy of your original marriage certificate. If you are unable to provide this document, please contact us to obtain a **"Statutory Declaration of Legal Marriage"**, and return it with your form.

Evidence is also required to confirm the date on which your marriage legally ended. You should submit a decree absolute of divorce, a judgement granting a divorce under the Divorce Act, 1985, or a judgement of nullity of a marriage. If you are unable to provide one of these documents, contact us to obtain a **"Statutory Declaration - Separation of Legal Spouses"** and return it with your form.

A Statutory Declaration must also be obtained and submitted with your form to confirm the following dates:

- the date on which you separated, if you are separated from your spouse (your marriage is not legally ended); **and**
- the date on which your common-law union began, if you and your spouse lived in a common-law union prior to your marriage.

Section D: Information about your common-law union

If you and your former common-law partner lived in a common-law union, you must submit a **"Statutory Declaration of Common-law Union"** form. Also additional documentation must be submitted to confirm when your common-law union started and ended. Please contact us to obtain this form and a list of documentation required.

Section E: Information about a written agreement or court order

If you signed an agreement **before June 4, 1986**, specifically giving up your right to apply for a division of Canada Pension Plan pension credits, then a division cannot be done. However, if it was a general agreement that did not mention "Canada Pension Plan pension credits", you may still be entitled to a credit split.

If you signed an agreement **on or after June 4, 1986**, that states you specifically gave up your right to divide Canada Pension Plan pension credits, you may still be able to divide pension credits as, in most cases, that statement is not binding on the Minister.

NOTE: The statement is only binding on the Minister in provinces where the law allows couples specifically to agree to not divide Canada Pension Plan pension credits. This is the case in Saskatchewan (1987), Quebec (1989), British Columbia (1995), and Alberta (2005). If you signed such an agreement in one of those provinces, Service Canada may not be able to divide Canada Pension Plan pension credits. If you need more information on this subject, please contact us as indicated on page 1 of this document.

If you feel this provision applies to you, please provide a copy of the signed agreement.

Incapacity

Protection is available for persons who did not apply for a Division of Canada Pension Plan Pension Credits since they were unable to apply or to ask someone to apply on their behalf because of their medical condition. If you feel this applies to you, please contact us to obtain a "**Declaration of Incapacity**" form.

It is an offence under the Canada Pension Plan legislation to make a false or misleading statement when completing your application to obtain benefits. You can be charged with an offence under the Canada Pension Plan legislation and/or the Criminal Code of Canada. Any benefits received or obtained to which you are not entitled must be repaid.

Section G: Information about the legal representative of the person named in Section A

If the information on the form is being submitted by a legal representative of the person named in Section A, they must complete, sign and date this section.

Section H: Your declaration

To complete the application, you have to sign and date it in this section.

Section I: Witness's declaration

If you had someone else fill out the form for you, that person also has to sign and date it, and include their name, address, relationship to you, and telephone number in case we need to contact that person.

Before you mail your application

Before you send this application form to us, please make sure that you have:

- **completed, signed and dated** your application; **and**
- *enclosed certified photocopies or any original documents we need.*

Please refer to the "**Check List**" at the beginning of this information sheet for the documents we need.

When we receive your application

Once we receive your application and any supporting documents, we will review your application and contact you if we need more information. We will send you and your spouse, former spouse or former common-law partner a decision letter once we have completed our review.

Protection of personal information

The information requested is required under the *Canada Pension Plan (CPP)*. We may not be able to give you a benefit if you do not give us all the information we need. We will keep this information in the Personal Information Bank HRSDC PPU 146. Your personal information is governed by the Privacy Act and we may disclose it where we are authorized to do so under the *CPP*.

Under the *Canada Pension Plan* and the *Privacy Act* you have the right to look at the personal information about you in your file. You can ask to see your file by contacting a Service Canada office. To find out how to get your personal information through the Access to Information Coordinator's office, see the Info Source, a directory that lists all the information banks and the information they contain. Copies of the Info Source are available in all Service Canada offices.



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. Usual First Name and Initial		Last Name		SEQ.				OVER-RIDE	AGE ESTABLISHED
<input type="checkbox"/> Ms <input type="checkbox"/> Miss									
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		
3C. Name on social insurance card, if different from 3A.		First Name and Initial		Last Name					
4. Mailing Address (No., Street, Apt., P.O. Box, R.R.)				City					
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. ▶									

Social Insurance Number		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
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
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	
Province or Territory				Country other than Canada	
				Postal Code	
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)

Social Insurance Number		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:none;"> <tr> <td style="width:25%; text-align:center;">From</td> <td style="width:25%; text-align:center;">To</td> <td style="width:25%; text-align:center;">From</td> <td style="width:25%; text-align:center;">To</td> </tr> <tr> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> </tr> </table> <p>a) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> b) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/></p> <p style="text-align:center;">Year Month Day Year Month Day Year Month Day Year Month Day</p> <p>c) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> d) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/></p> <p style="text-align:center;">Year Month Day Year Month Day Year Month Day Year Month Day</p> <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
From	To	From	To							
Year Month Day	Year Month Day	Year Month Day	Year Month Day							
20. If yes to number 19, what was the reason for the separation(s)? (For example, separation due to employment or illness.)										
<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:none;"> <tr> <td style="width:25%; text-align:center;">From</td> <td style="width:25%; text-align:center;">To</td> <td style="width:25%; text-align:center;">From</td> <td style="width:25%; text-align:center;">To</td> </tr> <tr> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> </tr> </table> <p>a) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> b) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/></p> <p style="text-align:center;">Year Month Day Year Month Day Year Month Day Year Month Day</p> <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
From	To	From	To							
Year Month Day	Year Month Day	Year Month Day	Year Month Day							

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)

Social Insurance Number		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:none;"> <tr> <td style="width:25%; text-align:center;">From</td> <td style="width:25%; text-align:center;">To</td> <td style="width:25%; text-align:center;">From</td> <td style="width:25%; text-align:center;">To</td> </tr> <tr> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> <td style="text-align:center;">Year Month Day</td> </tr> </table> <p>a) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> b) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/></p> <p style="text-align:center;">Year Month Day Year Month Day Year Month Day Year Month Day</p> <p>c) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> d) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/></p> <p style="text-align:center;">Year Month Day Year Month Day Year Month Day Year Month Day</p> <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
From	To	From	To							
Year Month Day	Year Month Day	Year Month Day	Year Month Day							
24. If yes to number 23, what was the reason for the separation(s)? (For example, separation due to employment or illness.)										

SECTION E - INFORMATION ABOUT A WRITTEN AGREEMENT OR COURT ORDER

(Refer to the information sheet for documentation requirements)

Social Insurance Number

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25B. If yes, in which province and on what date did the court order or written agreement take place?	Province	Date
		Year Month Day

SECTION F - INFORMATION ABOUT THE INDIVIDUAL WHO COMPLETED THE FORM

<input type="checkbox"/> I am the person named in Section A. Complete Section H.
<input type="checkbox"/> I am authorized to act on behalf of the person named in Section A. Complete Section G.
<input type="checkbox"/> I am none of the above. You must complete Section G and attach a note explaining why you are supplying this information.

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS FORM**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	Year Month Day	Area Code and Telephone Number
X		() -

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.

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 someone other than the applicant completed this form, that person must complete this section.
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	DATE OF MARRIAGE	DATE LAST LIVED TOGETHER	DATE OF DISSOLUTION OF MARRIAGE	RANGE OF DIVISION	DIVISION ACTION	TYPE OF DIVISION	CLIENT SERVICE CENTRE NUMBER
Day Month Year	Month Year	Month Year	Month Year	Month Year	Month Year Month Year			
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.

Social Insurance Number

Large empty rectangular area for providing additional information or answers.