

Statutory Declaration - Separation of Legal Spouses or Common-law Partners



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- Access accurate and up-to-date information about your Canada Pension Plan (CPP) and/or Old Age Security (OAS) benefit entitlement.

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- Submit documents electronically for CPP disability benefits, CPP death benefit, CPP survivor's pension, and CPP children's benefits (for students aged 18 to 25).

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For your safety, visit www.cyber.gc.ca/en for tips on protecting your devices and reporting suspected cyber incidents.



It is very important that you:

- use a pen and print as clearly as possible.

TO BE COMPLETED BY THE APPLICANT

Canada, Province or Territory of

province or territory

To Wit:

In the Matter of the *Canada Pension Plan* and the *Old Age Security Act* and
In the Matter of Separation of Legal Spouses or
Common-law Partners

I, name, of name of city, town or village, county of county, in the province or territory of province or territory, solemnly declare that:
my legal spouse or common-law partner name of spouse or common-law partner, and I are/were living separate and apart.

1. We lived separate and apart from day/month, year to day/month, year
for the following reason(s):

2. My spouse or common-law partner and I last resided together on the day day of month, year

3. During our separation my spouse or common-law partner lived in a common-law relationship with someone else. No Yes If yes, please complete number 4.

4. The name and current address of the person with whom my spouse or common-law partner lived in a common-law relationship is:

I hereby declare that, to the best of my knowledge, the information on this declaration is true and complete. I realize that my personal information is governed by the *Privacy Act* and may be disclosed where authorized under the *Old Age Security Act* and 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 the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Your Name (Please print)

Your Signature

Was the form completed and signed by someone other than the applicant?

If yes, that person must complete the section below and submit proof that they are authorized to act on behalf of the client. Call us at 1-800-277-9914 to find out what documents are required.

Name

Relationship to applicant

Telephone number

Date

Address

Signature

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

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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: **1-613-957-1954** (we accept collect calls)
TTY: **1-800-255-4786**

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

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PO Box 9430 Station A
St. John's NL A1A 2Y5
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NEW BRUNSWICK AND QUEBEC

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CANADA

ONTARIO

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

ONTARIO

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