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** clearly if completing the application by hand.

Please note:

- **The division of these credits is permanent.**
- **An individual who is approved for a credit split with their separated legal spouse on January 1, 2025 or later is not eligible for a Canada Pension Plan Survivor's pension due to the death of the same separated legal spouse.**

SECTION A - INFORMATION ABOUT YOU

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

1A. Social Insurance Number	**1B.** Sex (optional) ◯ Male ◯ Female	**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) ◯ English ◯ French	**2B.** Verbal Communications (Check one) ◯ English ◯ French

3A. Salutation (optional) ◯ 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

4A. Mailing Address (No., Street, Apt., PO Box, RR)	City	
Province or territory	Country other than Canada	Postal Code
4B. Home Address, if different from mailing address (No., Street, Apt., RR)	City	
Province or territory	Country other than Canada	Postal Code

5. If your address is outside of Canada, indicate the last province or territory where you lived in Canada.

SECTION A - INFORMATION ABOUT YOU (continued)

6A.	Area code and telephone number at home	**6B.** Area code and telephone number at work (if applicable)	**6C.** Area code and telephone number mobile (if applicable)

7. Service Canada may contact you by email to provide you with information or ask you to call us. Personal information will not be requested or shared.

Email address (optional)

8A.	Are you receiving or have you ever applied for a benefit under the:	Canada Pension Plan? ◯ Yes ◯ No	Old Age Security? ◯ Yes ◯ No	Régime de rentes du Québec? (Quebec Pension Plan) ◯ Yes ◯ No

8B. **If you answered yes** to any of the options in 8A, provide the Social Insurance Number or account number under which you applied.

8C. Are you receiving a Canada Pension Plan Survivors benefit from your former spouse? ◯ Yes ◯ No

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

9A. Social Insurance Number	**9B.** Sex (optional) ◯ Male ◯ Female	**9C.** Date of Birth YYYY-MM-DD	**9D.** Country of Birth (If born in Canada, indicate province or territory)

Language Preference	**10A.** Written Communications (Check one) ◯ English ◯ French	**10B.** Verbal Communications (Check one) ◯ English ◯ French

11A. Salutation (optional) ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss — Usual first name and initial — Last name

11B. Full name at birth, if different from 11A. — First Name and Initial — Last Name

11C. Name on social insurance card, if different from 11A. — First Name and Initial — Last Name

12A. Mailing Address (No., Street, Apt., PO Box, RR) — City

Province or territory — Country other than Canada — Postal Code

12B. Home Address, if different from mailing address (No., Street, Apt., RR) — City

Province or territory — Country other than Canada — Postal Code

13. If you spouse's, former spouse's or former common-law partner's address is outside of Canada, indicate the last province or territory where they lived in Canada.

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

14A. Area code and telephone number at home	**14B.** Area code and telephone number at work (if applicable)	**14C.** Area code and telephone number mobile (if applicable)

15. Is your spouse, former spouse or former common-law partner receiving or have they ever applied for a benefit under the:

Canada Pension Plan?	Old Age Security?	Régime de rentes du Québec? (Quebec Pension Plan)
◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

16. **If you answered yes** to any of the options in 15, 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?

◯ Yes ◯ No ◯ Unknown

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 (YYYY-MM-DD) _____

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)

18A. Date of your marriage YYYY-MM-DD	**18B.** Country in which the marriage took place
18C. Date you and your spouse or former spouse last resided together in a conjugal relationship YYYY-MM-DD	**18D.** Date your marriage ended (if applicable) YYYY-MM-DD

19. Were there any periods during the time of your legal marriage when you and your spouse or former spouse did not reside together? ◯ Yes ◯ No

If yes, indicate the periods below:

	From	**To**		**From**	**To**
a)	YYYY-MM-DD	YYYY-MM-DD	**b)**	YYYY-MM-DD	YYYY-MM-DD
c)	YYYY-MM-DD	YYYY-MM-DD	**d)**	YYYY-MM-DD	YYYY-MM-DD

(If you have more than four periods to report, use the space provided on page 6 of this form.)

SECTION C - INFORMATION ABOUT YOUR LEGAL MARRIAGE (continued)

20. **If yes** to number 19, what was the reason for the separation(s)?
(For example, separation due to employment or illness.)

21. Were there any periods during which you and your spouse or former spouse lived together in a common-law union before the marriage? ◯ Yes ◯ No

If yes, indicate the periods below:

	From	To		From	To
a)	YYYY-MM-DD	YYYY-MM-DD	**b)**	YYYY-MM-DD	YYYY-MM-DD

(If you have more than two periods to report, use the space provided on page 6 of this form.)

COMPLETE SECTION D IF THE CREDITS TO BE DIVIDED WERE ACCUMULATED DURING A COMMON-LAW UNION

SECTION D - INFORMATION ABOUT YOUR COMMON-LAW UNION

(Refer to the information sheet for documentation requirements)

22A. Date your common-law union began YYYY-MM-DD

22B. Date your common-law union ended YYYY-MM-DD

23. Were there any periods during the time of your common-law union when you and your former common-law partner did not live together? ◯ Yes ◯ No

If yes, indicate the periods below:

	From	To		From	To
a)	YYYY-MM-DD	YYYY-MM-DD	**b)**	YYYY-MM-DD	YYYY-MM-DD
c)	YYYY-MM-DD	YYYY-MM-DD	**d)**	YYYY-MM-DD	YYYY-MM-DD

(If you have more than four periods to report, use the space provided on page 6 of this form.)

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)

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?

Province _____ Date (YYYY-MM-DD) _____

Provide a copy of the written agreement.

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., PO Box, RR and City)	Province or territory	
	Country other than Canada	Postal Code
Signature	**Date** (YYYY-MM-DD)	Area Code and Telephone Number

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 _____ **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 I - WITNESS'S DECLARATION

If the applicant signs with a mark, a witness (friend, member of 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 (day)
Address	**Witness's signature**	**Date** (YYYY-MM-DD)

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 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: **1-613-957-1954** (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 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON
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