Service Canada

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Personal Information Bank
ESDC PPU 116 and 146

Statutory Declaration of Common-law Union

(Dual signatures)

Social Insurance Number

TO BE COMPLETED BY THE APPLICANT

Canada PROVINCE / TERRITORY OF	To Wit:	In the Matter of the *Canada Pension Plan* and the *Old Age Security Act* and In the Matter of Common-law Union

I,

of the (City, Town, Village) of	county of	in the province / territory of

Solemnly Declare, that name of common-law partner

and I have been living together for _____ (number of years) continuous year(s) from _____ (YYYY-MM-DD) to _____ (YYYY-MM-DD) .

1. Are there children of the common-law union? This would include adopted children or children of one common-law partner to whom the other acts or has acted as a parent. ◯ No ◯ Yes **If yes,** please provide the following information:

The following is information on each child. (If more space is required, attach a separate sheet.)

First Name	Legal Family Name	Family Name commonly used	Date of Birth

2. My common-law partner and I:	a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live(d).	b) Jointly owned property other than our residence.	c) Have/had joint bank, trust, credit union or charge card accounts.
	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

3A. I have life insurance on myself that names my common-law partner as beneficiary.	3B. My common-law partner has life insurance on him/herself that names me as beneficiary.
◯ Yes ◯ No	◯ Yes ◯ No

4. If none of the above sections apply, what other documentary evidence are you aware of that would support your conjugal relationship as common-law partners?

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
Name of Common-law Partner (Please print)	Signature of Common-law Partner

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
	X

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Canada

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.

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