



# PENSION INFORMATION RELEASE

## Privacy Notice

Provision of the personal information (PI) including the social insurance number (SIN) is required pursuant to the *Department of Public Works and Government Services Act*, section 13 and will be used for the purpose of administrating the *Canadian Forces Superannuation Act* (CFSA). The PI, including the SIN, will be disclosed between the administrators of the Canada Pension Plan, Quebec Pension Plan, and Canadian Armed Forces Pension Plans to confirm that the retiree is not receiving a disability pension and to calculate a reduced annuity, if required. Refusal to provide the personal information or the provision of incorrect information could result in the loss of benefits, and/or delays in processing pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCE 702 - Federal Pensions Administration. Under the Act individuals have the right to access their personal information and request corrections.

**This form must be completed electronically. If not possible, please complete it in dark ink using capital letters.**

### Plan Member's Personal Information

Rank	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		Pension Number
<input type="text"/>		<input type="text"/>
Date of Birth (YYYYMMDD)	Preferred Language	Service Number
<input type="text"/>	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="text"/>
Home Address		Apartment Number
<input type="text"/>		<input type="text"/>
<input type="text"/>		
		Preferred Telephone Number
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
City	Province	
<input type="text"/>	<input type="text"/>	
Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Email address (optional)		
<input type="text"/>		

<b>FOR OFFICE USE ONLY</b>	Form Number	Case Number
	<input type="text"/>	<input type="text"/>

**FOR OFFICE USE ONLY**

Form Number	Service Number	Pension Number

**STATEMENT OF UNDERTAKING**

I hereby attest that:

A - I am not in receipt of benefits under the CPP or the QPP.

If I become entitled to any disability or retirement benefits under the CPP or the QPP before or after termination from the Canadian Armed Forces, I will either forward a copy of my award letter, or inform the Government of Canada Pension Centre.

B - I am in receipt of benefits under the CPP or the QPP, excluding survivor benefits, as follows:

- Disability Benefits under the CPP or the QPP.

C - I have applied for benefits under the CPP or the QPP. If I become entitled to disability or retirement benefits, I will either forward a copy of my award letter, or inform the Government of Canada Pension Centre.

**IMPORTANT (Please read carefully)**

D - If you received your CPP or QPP benefit entitlement notice, please send a copy to the Government of Canada Pension Centre.

E - You will be required to repay any overpayment of your Canadian Armed Forces pension benefit resulting from any subsequent or retroactive entitlement to disability benefits under the CPP or the QPP.

**AUTHORIZATION**

I have read the restrictions and I understand the nature and effect of this authorization to communicate the information in this form to the pension administration named herein.

I am the plan member

I am the legal representative

Signature	Date (yyyy-mm-dd)	Plan Member's Social Insurance Number

**FOR OFFICE USE ONLY**

Form Number	Service Number	Pension Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**RESTRICTIONS**

**Information will only be communicated if:**

- 1 - The pension administration certifies in a form satisfactory to the CPP or the QPP, that the information will not be disclosed to any creditor or person not entitled to the information.
- 2 - The person who signs the authorization is the plan member or his/her legal representative.

This form is to be completed when the monthly Canadian Armed Forces pension becomes payable.

The completed form must be sent to the address below. You may wish to retain a copy for your records.

Public Works and Government Services Canada  
Government of Canada Pension Centre - Mail Facility  
150 Dion Boulevard  
PO Box 9500  
Matane QC G4W 0H3