



APPLICATION FOR DIVISION OF A CANADIAN FORCES SUPERANNUATION ACT PENSION BENEFITS IN ACCORDANCE WITH THE PENSION BENEFITS DIVISION ACT

Privacy Notice

Provision of the personal information including the social insurance number (SIN) is required pursuant to the *Department of Public Works and Government Services Act*, para. 7(1)(d) and s.13 and will be used for the purpose of administrating division of pension benefits, CRA/RQ reporting and administrating the *Canadian Forces Superannuation Act* (CFSA). Refusal to provide the personal information, or the provision of incorrect information may result in loss of benefits and/or delays in processing incorrect 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 PCU 702 - Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

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"/>		
Preferred Telephone Number		
<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"/>		

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

CF-FC 2486E (2014-11-001)



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Form Number	Service Number	Pension Number

A. PLAN MEMBER

Enrolment Date
(yyyy-mm-dd)

Serving Member Pensioner

Release Date (If applicable)
(yyyy-mm-dd)

B. CURRENT OR FORMER SPOUSE / COMMON-LAW PARTNER OF PLAN MEMBER

Surname

Given Names

SIN

Address

C. APPLICANT

I am applying as the

- Plan Member
- Current or former spouse/common-law partner of the plan member

Personal representative of the

- Plan Member
- Current or former spouse/common-law partner of the plan member

D. SUPPORTING DOCUMENTS

- Court order (certified by the Clerk of the Court), or original or certified true copy of the written agreement providing for the division of the plan member's *Canadian Forces Superannuation Act* pension benefits
- Original or certified true copy of other document (if applicable) that authorizes a personal representative to act on behalf of the plan member, or the current or former spouse/common-law partner
- Statutory Declaration (CF-FC 2484)
- Copy of the marriage certificate (if applicable)
- Copy of the death certificate of the plan member, or the current or former spouse/common-law partner (if applicable)

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E. APPLICANT'S SIGNATURE

I hereby apply for the division of the pension benefits accrued to the plan member named herein under the *Canadian Forces Superannuation Act* in accordance with the *Pension Benefits Division Act*.

Signature

Date (yyyy-mm-dd)

Telephone Number

The completed application and supporting documents are to be returned to:

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

NOTE: Every person who knowingly makes a false or misleading representation in any application or other proceeding under the *Pension Benefits Division Act* is guilty of an offence punishable on summary conviction.