Information

Retraite Québec

Application for Simulated Partition of Employment Earnings Under the Québec Pension Plan

Form to be completed by a lawyer, a notary or one of the spouses

The spouse applying for the simulated partition will receive, for the period of the union, a table showing the employment earnings recorded under the names of both spouses under the Québec Pension Plan and, if applicable, the Canada Pension Plan. He or she will also receive an estimate of his or her pension amount before and after partition, and that of his or her spouse (with the latter's consent).

Access to documents held by public bodies and the protection of personal information

The personal information collected on this form is needed to study your application. Failure to provide this information may result in a delay or a refusal to process your application. Only authorized employees have access to the information and it is only disclosed to other persons or agencies for verification in cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. The *Act respecting Access to documents held by public bodies and the Protection of personal information* allows you to consult your personal information and have it corrected.

1. Identification of the spouse applying for the simulated partition

Sex	Family name		Given name
☐ F ☐ M	Date of birth (year / month / day)	Social insurance number	Your mother's family name at birth (last name only)
Address (number, street, apt.)			
City	Province	Country	Postal code
Telephone (area code) Home	Other (area code)	Extension	

2. Identification of the other spouse (required for making the simulation)

Sex	Family name		Given name
☐ F ☐ M	Date of birth (year / month / day)	Social insurance number	Your mother's family name at birth (last name only)
Telephone (area code) Home	Other (area code)	Extension	

3. Identification of the representative (if any)

☐ I represent the spouse applying for simulated partition. ☐ I represent both parties.

Family name	Given name		
Address (number, street, office)			
City	Province	Country	Postal code
Telephone (area code)	Extension	☐ Lawyer	☐ Notary

4. Periods covered by the simulated partition

Complete the sections below, indicating the starting and ending dates of the period for which you would like a simulation.

You may indicate several starting and ending dates if you would like a simulated partition of more than one period.

a) **Beginning** of the period for which you would like a simulation:

Beginning of the period	
Date you started living together year month	Date of marriage or civil union year month

b) **End** of the period for which you would like a simulation:

End of the period	
Date you stopped living together year month	Date (actual or expected) on which the application for divorce, legal separation, annulment of marriage or dissolution of civil union was or will be filed with the Court[1] year month

[1] If you filed your application with the Court before 1 January 2009, please indicate the expected date of the judgment.

5. Periods of separation

Were there any periods of separation during the time you lived together?

☐ No. Go to **section 6.**

☐ Yes. Give the starting and ending dates for each period of separation.

From year month To year month

From year month To year month

6. Additional information

Has either one of you ever been married to or in a civil union with **a person other than** the person identified in this application?

☐ No. Go to **section 7**.

☐ Yes. Provide the following information:

	Date of marriage or civil union	Date of judgment of divorce, annulment of marriage or dissolution of civil union
Applicant (identified in **section 1**)	year month	year month
Other spouse (identified in **section 2**)	year month	year month

7. Simulation requested, consents and signatures

IMPORTANT: In both cases, the spouse identified in section 2 **will not receive** a copy of the estimate. To receive a copy of the simulated partition of employment earnings, the spouse must file his or her own application.

Choose **one of the following estimates** described below.

a) ☐ In this estimate, you will receive:

- an estimate of **your pension** before and after simulated partition;
- a table showing the employment earnings recorded under your name in the Québec Pension Plan and the employment earnings entered under your spouse's name for the period subject to partition.

Signature of the applicant or his or her representative _____ Date year month day

In order for Retraite Québec to provide you with the simulated partition, your spouse (person identified in **section 2**) or his or her representative must give consent for Retraite Québec to release information, unless you can give a registration number from the Superior Court.

Court registration number

OR

Consent of the spouse identified in **section 2** or his or her representative

I give my consent for Retraite Québec to provide my spouse (person identified in **section 1**) with the simulation described in **section a)**, taking into account the earnings entered under my name.

Signature of the spouse or his or her representative _____ Date year month day
(The representative must fill out **section 8**.)

b) ☐ In this estimate, you will receive:

- an estimate of **your pension and your spouse's pension** before and after simulated partition;
- a table showing the employment earnings recorded under your name in the Québec Pension Plan and the employment earnings entered under your spouse's name for the period subject to partition.

Signature of the applicant or his or her representative _____ Date year month day

In order for Retraite Québec to provide you with the simulated partition, your spouse (person identified in **section 2**) or his or her representative must give consent for Retraite Québec to release information.

Consent of the spouse identified in **section 2** or his or her representative

I give my consent for Retraite Québec to provide my spouse (person identified in **section 1**) with the simulation described in **section b)**, taking into account the earnings entered under my name.

Signature of the spouse or his or her representative _____ Date year month day
(The representative must fill out **section 8**.)

8. Identification of the representative of the spouse indicated in section 2

This section must be completed by the spouse's lawyer or notary who signed the consent above.

Family name	Given name

Telephone area code | Extension | ☐ Lawyer ☐ Notary

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Return to: Retraite Québec, C. P. 5200, Québec (Québec) G1K 7S9