Information

Retraite Québec

Application for Simulated Partition of Employment Earnings - Mediator (Québec Pension Plan)

Form to be completed by the mediator

This form must be completed in order to obtain a table for both spouses showing the employment earnings entered under the Québec Pension Plan and the Canada Pension Plan, if any. An estimate of the pension amounts before and after the simulated partition are also provided with the table. This will help the spouses make an informed decision regarding partition if they are considering ending their union.

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 spouses

Spouse A

Sex	Family name	Given name
☐ F ☐ M	Date of birth (year / month / day)	Social insurance number
		His or her mother's family name at birth (last name only)

Spouse B

Sex	Family name	Given name
☐ F ☐ M	Date of birth (year / month / day)	Social insurance number
		His or her mother's family name at birth (family name only)

2. 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.

See other side

3. Periods of separation

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

☐ No. Go to **section 4.**

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

From (year / month) ____ ____ To (year / month) ____ ____

From (year / month) ____ ____ To (year / month) ____ ____

4. 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 section1?

☐ No. Go to **section 5**.

☐ Yes. Provide the following information:

	Date of marriage or civil union (year / month)	Date of judgment of divorce, annulment of marriage or dissolution of civil union (year / month)
Spouse A	____ ____	____ ____
Spouse B	____ ____	____ ____

5. Identification of the mediator

Title			
Family name	Given name		
Address (number, street, office)			
City	Province	Country	Postal code

Telephone (area code) ____ Extension ____

IMPORTANT: The mediator must obtain the consent of both spouses.

6. Spouses' consents

I hereby give my consent for Retraite Québec to provide the mediator with a table showing the employment earnings entered under my name in the Québec Pension Plan and the Canada Pension Plan, if any, and an estimate of my pension before and after the simulated partition.

Signature (Spouse A) _____ Date (year / month / day) ____ ____ ____

I hereby give my consent for Retraite Québec to provide the mediator with a table showing the employment earnings entered under my name in the Québec Pension Plan and the Canada Pension Plan, if any, and an estimate of my pension before and after the simulated partition.

Signature (Spouse B) _____ Date (year / month / day) ____ ____ ____

Please note that the tables showing the effects of the simulated partition will be sent to the mediator.

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