

**THE SUPPLEMENTAL PENSION PLAN FOR EMPLOYEES
IN THE QUÉBEC CONSTRUCTION INDUSTRY**

1. INFORMATION ON THE APPLICANT

Last name		First name	
Main telephone number		Secondary telephone number	
No.	Street	Apartment no.	
P.O. box	City	Province	Postal code
<input type="checkbox"/> I am applying for a benefit statement or <input type="checkbox"/> I am applying for partition of benefits			
As a <input type="checkbox"/> Pension plan member		<input type="checkbox"/> Member's ex-spouse	<input type="checkbox"/> Ex-spouse's lawyer
<input type="checkbox"/> Joint application (requested by both parties)		<input type="checkbox"/> Member's lawyer	<input type="checkbox"/> Mediator
<p>Member's consent The member must consent to the disclosure of information concerning his or her pension plan if the request is made by a mediator or if the application is not accompanied by an agreement established between the ex-common-law spouses respecting partition of benefits.</p> <p>I consent to have the Commission de la Construction du Québec transmit to the person making the present application the information and valuation concerning the benefits accumulated in my pension plan. I understand that this information will also be transmitted to my ex-spouse referred to in the application.</p>			
Signature of pension plan member		Date (YYYY-MM-DD)	

2. INFORMATION ON THE EX-COMMON-LAW SPOUSES

MEMBER			
CCQ client number or social insurance number		Date of birth (YYYY-MM-DD)	
Last name		First name	
Main telephone number		Secondary telephone number	
No.	Street	Apartment no.	
P.O. box	City	Province	Postal code
EX-SPOUSE			
CCQ client number or social insurance number		Date of birth (YYYY-MM-DD)	
Last name		First name	
Main telephone number		Secondary telephone number	
No.	Street	Apartment no.	
P.O. box	City	Province	Postal code

3. SIGNATURES

_____ Applicant's signature	_____ Date (YYYY-MM-DD)
_____ Signature of second applicant (if joint application)	_____ Date (YYYY-MM-DD)

4. OTHER INFORMATION AND DOCUMENTS TO PROVIDE

Attestation of dates on which marital life started and ended

We hereby attest that the dates on which our marital life started and ended are the following:

Start date (YYYY-MM-DD)

End date (YYYY-MM-DD)

Member's signature

Ex-spouse's signature

NB: The valuation of benefits is calculated at the date of breakdown.

Member's attestation of celibacy

I attest that during the period of marital life recorded above, I was neither married to, nor legally separated from, nor in a civil union with the ex-spouse referred to in the present application or with any other person.

Member's signature

For an application for **partition of benefits**

The application for partition of benefits must be accompanied by the following document(s):

- The agreement concluded between the ex-common-law spouses concerning partition of benefits, if there is one. For information on what this agreement must contain, read the brochure **Partition of Pension Plan Benefits in the Event of Marital Breakdown**. Only an original document is accepted
- The notarial act respecting partition of benefits, if there is one
- A complete copy of any judgment concerning partition of benefits

The CCQ may ask for further documentation when processing your application.

5. FOR MORE INFORMATION

To find out more about the terms and deadlines for processing the application for statement or partition, we suggest that you consult our brochure **Partition of Pension Plan Benefits in the Event of Marital Breakdown**. It is available online, at our offices, or by mail. Do not hesitate to contact us: • by calling our toll-free Customer Services line 1-888-842-8282 • via our Web site at ccq.org

Please return this form with the required documents, if applicable, to the address below:

Commission de la construction du Québec
Section Retraite et assurance vie
C. P. 2500, succ. Chabanel
Montréal (Québec) H2N 0A9
or by fax: 514 736-6708