

APPLICATION FOR STATEMENT OR PARTITION OF ACCRUED BENEFITS (FOR MARRIED SPOUSES OR IN A CIVIL UNION)

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	
I am applying for a benefit statement or I am applying for the partition of benefits				
As a Pension Plan Member		Member's Spouse	Spouse's Lawyer	
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	(Requested by both parties)	Member's Lawyer		
Mediator (Member's consent required) Pension Plan Member's Consent (Signature required only if the application is filled out by a mediator) I consent to have the Commission de la Construction du Québec transmit to the mediator the information and valuation concerning the benefits accumulated in my pension plan, as required for the purpose of family mediation.				
Signature of Pension Plan Member		Date (YYYY-MM-DD)		
a INFORMATION ON THE ORDINARY				
2. INFORMATION ON THE SPOUSES				
MEMBER CCO client number or social insu	urance number	Date of birth (YYYY-MM-DD)		
CCQ client number or social insurance number		Date of birtir(1111 Will DD)		
Last Name		First Name		
Main telephone number		Secondary telephone number		
No.	Street		Apartment no.	
P.O. box	City	Province	Postal code	
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				
Application for a Benefit Statement in the Course of Family Mediation				
The application for a Benefit Statement for mediation must be accompanied by the following documents:				
Copy of the marriage certificate ¹ or civil union certificate.				
Written confirmation from an accredited mediator stipulating that he or she has obtained the mandate for family mediation.				
Either attach a joint declaration stating the cohabitation end date or fill out the following:				
We hereby attest that the date of the end of our cohabitation is:				
_	Date (YYYY-MM-DD)			
Member's signature	Spouse's signature			
NB: The valuation of accrued benefits is calculated at the date of the end of cohabitation.				
Application for a Benefit Statement				
The application must be accompanied by the following documents :				
Copy of the marriage certificate¹ or civil union certificate.				
Copy of the application for a divorce, legal separation, marriage annulment, dissolution or annulment of civil union, or payment of a compensatory allowance, if applicable.				
For a dissolution of the civil union by notarized joint declaration, an attestation by the notary confirming the mandate is required.				
Please indicate the valuation date(s) required:				
Date of institution of action				
and/or				
Cohabitation End Date (Confirm below)				
I or we hereby attest that the date of the end of the cohabitation is:				
	Date (YYYY-MM-DD)			
Signature of Applicant(s)				
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Application for Partition of Benefits The application for partition of benefits must be accompanied by the following documents:				
Complete copy of the judgment ordering the divorce, separation, marriage annulment, dissolution or annulment of civil union, or payment of a compensatory allowance, if applicable.				
Complete copy of the agreement concluded between the ex-spouses regarding partition of benefits, if applicable.				
Copy of the notarized joint declaration and agreement dissolving a civil union, if applicable.				
Complete copy of any other judgment relating to the partition of benefits.				
Copy of the Divorce certificate or in other types of court judgments, a copy of the certificate of no appeal.				
Copy of the marriage certificate¹ or civil union certificate.				

5. FOR MORE INFORMATION

To find out more about the terms and delays for processing the application for statement or partition, we suggest that you consult our brochure on **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 Service 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

Only a marriage certificate issued by a parish or the Registrar of Civil Status is recognized as proof of marriage. A marriage contract witnessed by a notary is not accepted.