



## WARNING

In accordance with National Defence Security Policy, form **CF 1403-E - Pension Information Release** is designated "**Protected B**" information once completed.

Completed "Protected B" forms **MUST NOT BE SAVED UNENCRYPTED** on any network and workstation drive or storage media. "Protected B" forms, when completed, **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**. Failure to respect this requirement will result in a breach of security and sanctions shall be applied in accordance with the policy.

Pension Information Release

<b>INSTRUCTIONS</b>		Social insurance no.	
This form is to be completed at retirement.			
This form to be sent to:			
Director Canadian Forces Pensions Services National Defence Headquarters Ottawa ON K1A 0K2		Service no.	
Surname	Given names		Initials
Home address			
Pursuant to Section 8 of the <i>Privacy Act</i> and applicable clauses of the Canada Pension Plan (CPP) or the Quebec Pension Plan (QPP), I hereby authorize disclosure of my name, social insurance number, retirement or disability pension commencement date or termination date between the administrators of the Canada Pension Plan, Quebec Pension Plan and Canadian Forces Pension Plan, as required by the law. This information is stored in Personal Information Bank number PWGSC PCE 702 and DND PPE 859 and is protected from unauthorized disclosure pursuant to the provisions of the <i>Privacy Act</i> .			
<b>RESTRICTIONS</b>			
Information will only be communicated if:			
1. The Canadian Forces Pension Plan administration certifies in a form satisfactory to the Canada Pension Plan or the Quebec Pension Plan, that the information will not be disclosed to any creditor or person not entitled to the information.			
2. The person who signs the authorization is the contributor or his legal representative.			
<b>STATEMENT OF UNDERTAKING</b>			
I do hereby attest that:			
<div><input type="checkbox"/> <b>A. <u>I am not in receipt</u></b> of benefits under the CPP or the QPP. If I become entitled to any disability or retirement benefits under the CPP or the QPP before or after retirement from the Canadian Forces, I will either forward a copy of my award letter, or inform Director Canadian Forces Pensions Services.</div>			
<div><input type="checkbox"/> <b>B. <u>I am in receipt</u></b> of benefits under the CPP or the QPP, <b>excluding</b> survivor benefits, as follows: Disability Benefits under the CPP or the QPP.</div>			
<div><input type="checkbox"/> <b>C. <u>I have applied</u></b> for benefits under the CPP or the QPP. If I become entitled to disability or retirement benefits, I will either forward a copy of my award letter, or inform Director Canadian Forces Pensions Services.</div>			
<b>IMPORTANT (Please read carefully)</b>			
D. If you received your benefit entitlement notice, please send a copy to Director Canadian Forces Pensions Services.			
E. You will be required to repay any overpayment of your Superannuation Annuity resulting from any subsequent or retroactive entitlement to disability benefits under the CPP or the QPP.			
<b>AUTHORIZATION</b>			
I have read the restrictions and I understand the nature and effect of this authorization to communicate the above information to the administration named herein.			
<div><input type="checkbox"/> I am the contributor.</div>			
<div><input type="checkbox"/> I am the legal representative.</div>			
Signature	Date	Telephone no. (including area code)	

Formulaire disponible en Français - CF 1403-F