APPLICATION FOR DIVERSION FROM A CANADIAN ARMED FORCES PENSION IN ACCORDANCE WITH PART II OF THE "*GARNISHMENT, ATTACHMENT AND PENSION DIVERSION ACT*"

Privacy Notice

Provision of the personal information including the social insurance number (SIN) is required pursuant to the *Department of Public Works and Government Services Act,* para. *7*(1)(*d*) and s.13 and will be used for the purpose of administrating pension payments, CRA/RQ reporting and administrating the *Canadian Forces Superannuation Act* (CFSA). Refusal to provide the personal information, or the provision of incorrect information may result in loss of benefits and/or delays in processing incorrect pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCU 702 - Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

This form must be completed electronically. If not possible, please complete it in dark ink using capital letters.

Plan Member's Personal Information

Rank

Surname

Given Names

Pension Number

Date of Birth (YYYYMMDD)

Preferred Language

☐ English ☐ French

Service Number

Home Address

Apartment Number

Preferred Telephone Number

City

Province

Postal Code

Country

Email address (optional)

FOR OFFICE USE ONLY ▶

Form Number 2460E

Case Number

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Form Number	Service Number	Pension Number
2460E		

Please provide the following information concerning the recipient of the pension benefit.

Most recent known and most recent known year at this address ▶	Pension Number (if known)

Previous Family Name (if applicable)

Release date from the Canadian Armed Forces ▶ _____ (yyyy-mm-dd)

Check the applicable acts or regulations under which the recipient is entitled to a pension (if known)

- ☐ *Governor General's Act*
- ☐ *Lieutenant Governors' Superannuation Act*
- ☐ *Members of Parliament Retiring Allowances Act*
- ☐ *Judges Act*
- ☐ *Public Service Superannuation Act*
- ☐ *Civil Service Superannuation Act*
- ☐ *Canadian Forces Superannuation Act*
- ☐ *Defence Services Pension Continuation Act*
- ☐ *Diplomatic Service (Special) Superannuation Act*
- ☐ *Tax Court of Canada Act*
- ☐ *Royal Canadian Mounted Police Superannuation Act, Part 1*
- ☐ *Royal Canadian Mounted Police Pension Continuation Act, Parts II and III*
- ☐ Special *Retirement Arrangements Act*
- ☐ Regulations made by the Governor in Council or the Treasury Board that, in the opinion of the Minister, provide for the payment out of the Consolidated Revenue Fund of a pension to be charged to the Public Service Superannuation Account that is calculated on the basis of length of service of the person to or in respect of whom it was granted or is payable
- ☐ *Currency, Mint and Exchange Fund Act*, subsection 15(2), R.S.C. 1952, C. 315
- ☐ An *Appropriation Act* of the Parliament of Canada that, in the opinion of the Minister, provides for the payment of a pension calculated on the basis of length of service of the person to or in respect of whom it was granted or is payable
- ☐ *War Veterans Allowance Act*, subsection 28(10)
- ☐ Regulations made under Vote 181 of *Appropriation Act* No. 5, 1961

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Please provide any other information which may help to identify the recipient.

Please provide the following information concerning the applicant (the person named in the court order as being entitled to financial support).

Person Named in Court Order (Given Names and Surname)	Date of Birth (yyyy-mm-dd)
Present Mailing Address	Postal Code

Will the applicant have custody and control of another person entitled to financial support from the recipient? ☐ Yes ☐ No

If yes, please indicate name and address.

Given Name and Surname	
Address	Postal Code

Will the applicant have someone acting on his/her behalf (e.g. a lawyer)? ☐ Yes ☐ No

If yes, please indicate full name, and address, and their legal relationship.

Given Name and Surname	Legal Relationship
Address	Postal Code

Is this form being completed by the acting person? ☐ Yes ☐ No

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Diversion payment made to a person other than the applicant (e.g. family court). Identify the person named in the financial support order.

Given Name and Surname

Address	Postal Code

Documentation
The original or certified true copy of the financial support order under which this application is made must be attached.

If the name on the financial support order is not the same as the name of the applicant (identified on the previous page), then you must provide either:

a) a certified copy of the certificate evidencing the change where a formal change of name has occurred

or

b) a statutory declaration by the person making this application as to the circumstances concerning the difference in any other case.

If the name on the financial support order **is the same** as the name of the applicant (identified on the previous page) and this person is **a child** then you must provide:

a) a child birth certificate

or

b) a certified true copy of proof of birth

Authorization

I hereby request the Minister of Public Works and Government Services Canada to divert from the recipient's net pension benefit an amount calculated in accordance with the provisions of the "*Garnishment, Attachment and Pension Diversion Act*" and Regulations.

Signature of Applicant or Representative

Date (yyyy-mm-dd)

Note: Mail the completed application to:

Public Works and Government Service Canada
Government of Canada Pension Centre - Mail Facility
150 Dion Boulevard
PO Box 9500
Matane QC G4W 0H3