Information

Declaration to Ensure the Non–Interruption of Benefits

Québec Pension Plan and public-sector pension plans

General information

This document is provided for information purposes and does not replace the provisions of the laws and regulations in effect. Be sure to read it carefully as it answers most questions concerning a declaration made by a beneficiary.

The Declaration to Ensure the Non-Interruption of Benefits form is for all persons who receive Retraite Québec benefit payments. You must complete, sign and return the form to us in the time period prescribed by law in order to ensure that payment of your benefits is not interrupted.

The beneficiary, or designated mandatary in the event of incapacity, must have the form **signed by an authorized witness** recognized by Retraite Québec. The same witness must complete Section 3 and **sign it in the presence of the beneficiary or, if applicable, the designated mandatary**. Please note, declaration forms that are incomplete or not signed will be returned.

Having your declaration witnessed

The witness must provide proof of the status that authorizes them to sign the declaration and must reside in the same country as the beneficiary. The witness must be one of the following:

- physician or pharmacist;
- notary or lawyer;
- police officer;
- mayor;
- clergy member;
- authorized member of the personnel of a financial institution (of which the beneficiary is a client);
- authorized member of the personnel of an embassy;
- authorized member of the personnel of Retraite Québec or an authorized member of the personnel of an organization equivalent to Retraite Québec in the country where the beneficiary resides;
- commissioner for oaths.

The following can be accepted proof of the status of a witness authorized to sign the declaration:

- a stamp or seal, attesting to the profession of the witness, in the box provided in Section 3 for this purpose;
- a copy of a card attesting to membership of a particular profession;
- a copy of a professional license;
- a copy of a stamped document showing the name and profession of the witness;
- any other document that proves the status of the witness.

In the event of the death of a beneficiary

If the beneficiary is deceased, Sections 1 and 2 of the declaration must be completed and returned to us as soon as possible.

Important

Indicating that the beneficiary is deceased cannot be considered as an application for benefits to which his or her family may be entitled (survivors' benefits, orphan's pension, etc.). Consult our website to find out what steps to take and which forms to complete in each situation.

If you move

Please provide us with your new address as soon as possible so that we can continue to send you your declarations and pay you your benefits.

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 the requested information in the mandatory sections 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. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it corrected.

For more information

Online

retraitequebec.gouv.qc.ca

By telephone

Québec Pension Plan

Québec region: **418 643-5185**
Montréal region: **514 873-2433**
Toll-free: **1 800 463-5185**

Public-sector pension plans

Québec region: **418 643-4881**
Toll-free: **1 800 463-5533**

Retraite Québec

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The form must be completed and signed by the beneficiary if he or she is able to manage his or her affairs.

1. Information on the identity of the beneficiary

Identification number
1 7

The 10-digit identification number can be found on the letter accompanying this form.

Sex
☐ F
☐ M

Family name

Given name

Family name at birth, if different

Date of birth
year month day

Address (number, street, apartment or Post Office Box)

City

Province

Country

Postal code

Telephone
Home area code

Other area code

Language of correspondence
☐ French ☐ English

I declare that the information provided on this questionnaire is complete and accurate.

Signature of the beneficiary _____ Date year month day

If the beneficiary is unable to sign the declaration form, please give the reason and complete Section 2:

_____

_____

If the person is deceased, please give the date of his or her death: year month day

2. Declaration of the mandatary in the event of incapacity

Only the designated mandatary named in a **document in accordance** with the laws in effect in the beneficiary's country of residence can sign the form. A proof of status as a mandatory must be enclosed with the declaration. It should be noted that this form cannot be considered a mandate to represent the beneficiary.

Sex	Family name	Given name
☐ F ☐ M	Family name at birth, if different	

Address (number, street, apartment or Post Office Box)

City	Province	Country	Postal code

Telephone

Work (area code) | Other (area code) | Extension

I declare that the information provided in Sections 1 and 2 on this questionnaire is complete and accurate.

Signature of the mandatary _____ Date (year / month / day)

3. Declaration of the authorized witness

Please refer to the General information section of the information sheet to see the list of authorized witnesses, and documents accepted as proof that the witness must enclose with the declaration.

Family name	Given name
Profession	Employer

Address (number, street, apartment or Post Office Box)

City	Province	Country	Postal code

Telephone

Work (area code) | Extension | Other (area code)

I declare that I am the person who is authorized to act as the designated witness.

I declare that I have signed this form in the presence of the beneficiary or, if applicable, the designated mandatary.

I declare that the information provided on this form is complete and accurate.

Stamp or seal, if any

Signature of the witness _____ Date (year / month / day)

Send us this form and the required documents, if applicable, online at retraitequebec.gouv.qc.ca/send/en or via My Account.
Your application will be processed faster because the postal delay will be eliminated

If you cannot use the online service, please send us your documents at the following adress:
Retraite Québec, case postale 5500, succursale Terminus, Québec (Québec) G1K 0G9