



WARNING

In accordance with National Defence Security Policy, form **DND 2151-E - Application for Division of a Canadian Forces Superannuation Act Annuity** 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.



Application for Division of a Canadian Forces Superannuation Act Annuity

(in accordance with the Pensions Benefits Division Act)

Case No. _____

INSTRUCTIONS

Provide all requested information and documents. Provide the information requested concerning your spouse/ex-spouse to the best of your knowledge.

PART A: PLAN MEMBER

Surname	Given Names	Service No.	
Address	Enrolment Date (yyyy/mm/dd)	<input type="checkbox"/> Serving Member <input type="checkbox"/> Pensioner	
	Release Date (yyyy/mm/dd) (if applicable)		
Name at Birth <input type="checkbox"/> Same as above Or	Surname	Given Names	Date of birth (yyyy/mm/dd)

PART B: SPOUSE/EX-SPOUSE OF PLAN MEMBER

Surname	Address		
Given Names			
Name at Birth <input type="checkbox"/> Same as above Or	Surname	Given Names	Date of Birth (yyyy/mm/dd)

PART C: SUPPORTING DOCUMENTS

- Court Order or spousal agreement providing for the division of the plan member's CFSA pension.
- Marriage Certificate (if applicable).
- Statutory Declaration outlining period(s) of cohabitation (required only if the dates of cohabitation are not outlined in the division order/agreement).
- Statutory Declaration confirming period of separation (required in all cases, except if the division is based on a Court Order made in relation to divorce, annulment or separation).

PART D: APPLICANT

I am applying as:

<input type="checkbox"/> The plan member	The legal representative* of:	<input type="checkbox"/> The plan member
<input type="checkbox"/> The spouse/ex-spouse of the plan member	* Complete Section E	<input type="checkbox"/> The spouse/ex-spouse of the plan member

PART E: PERSONAL REPRESENTATIVE

Surname	Given Names
Attached is:	
<input type="checkbox"/> Authorizing instrument to act on behalf of the applicant (eg. written authorization of applicant, court order, power of attorney) Or <input type="checkbox"/> Death Certificate of plan member or spouse/ex-spouse and proof of executor/administrator status	

PART F: SIGNATURE

I hereby apply, in accordance with Section 4 of the Pension Benefits Division Act, for the division of the pension benefits accrued to the plan member named herein under the CFSA.

Signature	Date (yyyy-mm-dd)	Telephone
-----------	-------------------	-----------

PART G: RETURN ADDRESS

The completed application is to be returned to:

Director Canadian Forces Pensions Services (DCFPS)
National Defence
101 Colonel By Drive
Ottawa ON K1A 0K2

Telephone: 1-800-267-0325
(613) 971-6012