CIVIL SERVICE SUPERANNUATION BOARD

Relationship Breakup Calculation Request

Either party or their respective legal counsel can request a calculation
REQUIRED INFORMATION: All areas marked with asterisk * must be completed

Complete applicable information and return form to : Civil Service Superannuation Board
1200-444 St. Mary Ave
Winnipeg MB R3C 3T1
Or fax to: 204-945-0237

Member Information: (Please Print)

Name*: _____ Address*: _____

Employee # or pension PIN # * _____ Date of birth*: _____

Work Phone*: _____ Home Phone*: _____ E-mail _____

Solicitor Information: (Please Print) **Send letter to solicitor: Yes_____ No_____**

Name: _____ Address: _____

Firm Name: _____ Work Phone: _____ E-mail: _____

Former Spouse or Partner Information: (Please Print)

Send letter to Former Spouse or Partner: Yes_____ No_____

Name*: _____ Address: _____

Date of birth*: _____ E-mail: _____

Work Phone: _____ Home Phone: _____

Solicitor Information: (Please Print) **Send letter to solicitor: Yes_____ No_____**

Name: _____ Address: _____

Firm Name: _____ Work Phone: _____ E-mail: _____

Note: If there was a common-law period prior to the date of marriage the co-habitation date is required.

Date continuous co-habitation commenced*: _____
(month/day/year)

Date of marriage*: _____
(month/day/year)

Date of physical separation*: _____
(month/day/year)

Authorization: Completion of this form authorizes CSSB to proceed with the calculation of the member's pension benefit credit, or if the member's pension has already commenced, the member's monthly pension earned during the relationship.

Applicant's Name*: (Please print) _____

Applicant's Signature*: _____ **Date*:** _____