



Canada Pension Plan/Employment Insurance Authorizing or Cancelling a Representative

Complete this form to authorize the Canada Revenue Agency (CRA) to deal with an individual (such as your spouse, accountant, or lawyer) or a business as your representative for Canada Pension Plan (CPP) and/or employment insurance (EI) related information **only** if you:

- are requesting a CPP/EI ruling;
- are filing a CPP/EI appeal; or
- have a CPP/EI ruling or CPP/EI appeal already in progress.

Please print

Section 1 – Taxpayer or Business Information

| | | |
|------------------|-----------------------|-------------------------|
| First name | Last name | Social insurance number |
| Business name | | Business number |
| Mailing address | | P.O. Box |
| City | Province or territory | Postal code |
| Telephone number | | Fax number |

Section 2 – Giving authorization for release of CPP/EI information to a representative

- If you are giving authorization for an **individual**, enter the individual's full name.
- If you are giving authorization for a **business**, enter the name of the business.

| | |
|---------------------------|-------------------------|
| Name of individual | Name of business |
| First name | Last name |

If you indicated a business, and you want a specific individual in that business to represent you, write his or her first and last name; otherwise you are giving authorization for us to deal with anyone from that business.

| | | |
|------------------|-----------------------|-------------|
| First name | Last name | Title |
| Mailing address | | P.O. Box |
| City | Province or territory | Postal code |
| Telephone number | | Fax number |

Section 3 – Cancellation of authorization for release of CPP/EI information to a representative

Complete this section only to cancel an existing authorization.

- If you are cancelling authorization for an **individual**, enter the individual's full name.
- If you are cancelling authorization for a **business**, enter the name of the business.

| | |
|---------------------------|-------------------------|
| Name of individual | Name of business |
| First name | Last name |

Section 4 – Signature

This form will not be accepted unless it is signed by the taxpayer.

By signing this form, you authorize the CRA to deal with the representative identified in Section 2 and/or cancel the authorization of the representative identified in Section 3 for matters relating to the *Canada Pension Plan* and/or *employment insurance*.

| | | | | |
|-----------|---|------|----|----|
| Signature | Date | | | |
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| YYYY | MM | DD | | |