



<b>For office use only</b> <b>Control No.:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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## 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		
<ul style="list-style-type: none"> <li>• If you are giving authorization for an <b>individual</b>, enter the individual's full name.</li> <li>• If you are giving authorization for a <b>business</b>, enter the name of the business.</li> </ul>		
Name of <b>individual</b>		Name of <b>business</b>
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.		
<ul style="list-style-type: none"> <li>• If you are cancelling authorization for an <b>individual</b>, enter the individual's full name.</li> <li>• If you are cancelling authorization for a <b>business</b>, enter the name of the business.</li> </ul>		
Name of <b>individual</b>		Name of <b>business</b>
First name	Last name	
Section 4 – Signature		
<b>This form will not be accepted unless it is signed by the taxpayer.</b>		
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 <i>Canada Pension Plan</i> and/or <i>employment insurance</i> .		
Signature		Date YYYY      MM      DD