

## 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 mandatary 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	
<input type="checkbox"/> F	Family name at birth, if different		
<input type="checkbox"/> M			
Address (number, street, apartment or Post Office Box)			
City	Province	Country	Postal code
Telephone	area code	area code	
Work	Other	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	area code	area code	
Work	Extension	Other	
I declare that I am the person who is authorized to act as the designated witness.		Stamp or seal, if any	
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.			
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](https://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 are unable to use the online service, please send us your documents at the following address:  
Retraite Québec, case postale 5200 Québec (Québec) G1K 7S9