

# **Application for a Canada Pension Plan Death Benefit**

#### It is very important that you:

- send in this form with supporting documents (see the information sheet for the documents we need); **and**
- use a pen and print as clearly as possible.

## **SECTION A - INFORMATION ABOUT THE DECEASED**

			Т						
1A.	Social Insurance Number	<b>1B.</b> Date of Birth	,			FOR OFF	ICE USE ONLY		
		YYYY-MM-DD	DD indicate province or territory)		ory)	AGE ESTABLISHED			
2.	Date of Death	•				DATE OF DE	ATH ESTABLISHED		
	(See the information sheet t			YYYY-N	MM-DD				
	of date of death documents,	)							
3.	Marital status at the time of	death		<u> </u>					
٥.	(See the information sheet for important Single Married					Separated			
	information about marital st		il Single Married				Surviving spouse or		
			mmon-law	Divorced	() b				
4.4	0.6.1	I First Name and Initial	common-law						
4A.	Optional Usua	I First Name and Initial		Last Nam	ie				
	Mr. Mrs.								
	○ Ms. ○ Miss								
4D		Name and Initial		Last Nam					
4D.	if different from 4A.	Name and miliai		Last Maii	ie				
	ii dinorone irom 174.								
4C.	Name on social First	Name and Initial		Last Nam	ne				
	insurance card,								
	if different from 4A.								
5.	Home Address at the time of death (No., Street, Apt., R.R.)  City, Town or Village								
	Province or Territory	(	Country other than	Canada		Postal	l Code		
C A		ahar Fia autaida at Canada	indicate the pro-	·	CD la valatala		d		
bΑ.	If the address shown in nun or territory in which the dec		, indicate the prov	ince	Canada		deceased leave		
	or territory in writer the deed	casca last reslaca.			Canada	•			
7.	Did the deceased ever live	or work in another country?							
	O Yes O No								
		of the countries and insura			e space, use th	ne space pro	ovided		
	. •	on). Also, indicate whether a					. 10		
	Countr	<b>Т</b> У	Insurar	nce Number	Has	s a benefit be	een requested?		
a	a)					Yes	○ No		
	<u></u>					\(\) 163	<u> </u>		
ŀ	p)					Yes	○ No		
•						U Tes	U INU		
,	e)					○ Var	○ Na		
•	•1					Yes	○ No		

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.



8A.	Did the deceased ever recei apply for a benefit under the	Canada	Canada Pension Plan?		Old Age Security?		Régime de rentes du Québec? (Quebec Pension Plan)	
	(		○ No	Yes	○ No	Yes	○ No	
8B. If yes to any of the above, provide the Social Insurance Number or account number.								
9.	Was the deceased or the dec							
	spouse or the common-law p	· ·						
	Deceased contributor (	Yes No	Dec	eased's spouse o	r common-law pa	artner (	Yes ( ) No	
SECTION B - INFORMATION ABOUT THE SETTLEMENT OF THE ESTATE (See "Who should apply for the Death benefit" on the information sheet)								
10.	Is there a will?							
	Yes Please provide the name and address of the executor in number 11 and go to section C.							
	No Go to number 12.							
	FOR OFFICE USE ONLY	state of						
11.	Optional First	Name and Initial		Last Nam	ne e			
	Mr. Mrs.							
	Ms. Miss							
	Mailing Address (No., Street, Apt., P.O. Box, R.R.)  City, Town or Village							
	Province or Territory			Country of	other than Canad	la	Postal Code	
12.	12. There is no will and I am applying for the Death benefit as:							
	an administrator appointed by the court (Please give your name and address in number 11)							
	the person responsible for the funeral expenses (You must submit the funeral contract or funeral receipts with your application.)							
	the spouse or common-law partner of the deceased							
	the next-of-kin (Please specify your relationship)							
	other (Please specify)							
SE	CTION C - INFORMA	TION ABOUT 1	THE APPL	LICANT				
13.	Optional First N	lame and Initial		Last	Name			
	Mr. Mrs.							
	Ms. Miss							
14.	Relationship of applicant to t	he deceased	Your					
			Language Preference	(Check one)	- Franch	(Check one)		
	For the	a Estate of		English	French	Englis	sh French	
	FOR OFFICE USE ONLY  For the Estate of							
Mai	Mailing Address (No., Street, Apt., P.O. Box, R.R.)  City, Town or Village							
Pro	vince or Territory			Country of	other than Canad	la	Postal Code	

# **SECTION D - APPLICANT'S DECLARATION**

020110110 7111 21071111 0 02027							
I hereby apply on behalf of the estate of the decknowledge, the information given in this applica		efit. I declare that, to the I	pest of my				
any, under the Canada Pension Plan, o	<b>NOTE:</b> If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the <i>Canada Pension Plan</i> , or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.						
Applicant's signature	Date (YYY	Date (YYYY-MM-DD)					
Telephone number							
NOTE: We can only accept a signature with That person must also complete the		person witnesses it.					
SECTION E - WITNESS'S DECLAR	ATION						
If the applicant signs with a mark, a witness I have read the contents of this application to the mark in my presence.							
Name	Relationship to the	ne applicant					
Address (No., Street, Apt., P.O. Box, R.R.)	City, Tow	n or Village					
Province or Territory	Country	other than Canada	Postal Code				
Telephone number during the day	Witness's signature	Date (YY	YY-MM-DD)				
	FOR OFFICE USE ONLY	•					
Application taken by: (Please print name and phone nu	umber)	Telephone Number					
Application approved pursuant to the Canada Pension	Plan. Authorized Signatu	ire					

Date

Use this space, if needed, to provide us with more information. Please indicate the question number concerned for each answer given. If you need more space, use a separate sheet of paper and attach it to this application.



# Service Canada Offices Canada Pension Plan

# Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the province where you last resided.

### Need help completing the forms?

Canada or the United States: 1-800-277-9914

All other countries: 613-957-1954 (we accept collect calls)

TTY: 1-800-255-4786

Important: Please have your social insurance number ready when you call.

#### **NEWFOUNDLAND AND LABRADOR**

Service Canada PO Box 9430 Station A St. John's NL A1A 2Y5 CANADA

#### PRINCE EDWARD ISLAND

Service Canada PO Box 8000 Station Central Charlottetown PE C1A 8K1 CANADA

#### **NOVA SCOTIA**

Service Canada PO Box 1687 Station Central Halifax NS B3J 3J4 CANADA

#### **NEW BRUNSWICK AND QUEBEC**

Service Canada PO Box 250 Fredericton NB E3B 4Z6 CANADA

#### **ONTARIO**

For postal codes beginning with "L, M or N"

Service Canada PO Box 5100 Station D Scarborough ON M1R 5C8 CANADA

### **ONTARIO**

For postal codes beginning with "K or P" Service Canada PO Box 2013 Station Main Timmins ON P4N 8C8 CANADA

#### **MANITOBA AND SASKATCHEWAN**

Service Canada PO Box 818 Station Main Winnipeg MB R3C 2N4 CANADA

# ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada PO Box 818 Station Main Winnipeg MB R3C 2N4 CANADA

# **BRITISH COLUMBIA AND YUKON**

Service Canada PO Box 1177 Station CSC Victoria BC V8W 2V2 CANADA

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