

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

1A. Social Insurance Number	1B. Date of Birth YYYY-MM-DD	1C. Country of Birth (If born in Canada, indicate province or territory)	FOR OFFICE USE ONLY AGE ESTABLISHED
2A. Sex <input type="radio"/> Male <input type="radio"/> Female	2B. Date of Death <i>(See the information sheet for a list of acceptable proof of date of death documents)</i> YYYY-MM-DD		DATE OF DEATH ESTABLISHED
3. Marital status at the time of death <i>(See the information sheet for important information about marital status)</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Common-law <input type="radio"/> Divorced <input type="radio"/> Surviving spouse or common-law partner </div>			
4A. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Usual First Name and Initial	Last Name	
4B. Full name at birth, if different from 4A.	First Name and Initial	Last Name	
4C. Name on social insurance card, if different from 4A.	First Name and Initial	Last Name	
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 Code
6A. If the address shown in number 5 is outside of Canada, indicate the province or territory in which the deceased last resided.		6B. In which year did the deceased leave Canada?	
7. Did the deceased ever live or work in another country? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the names of the countries and insurance numbers. (If you need more space, use the space provided on page 4 of this application). Also, indicate whether a benefit has been requested.			
	Country	Insurance Number	Has a benefit been requested?
a)			<input type="radio"/> Yes <input type="radio"/> No
b)			<input type="radio"/> Yes <input type="radio"/> No
c)			<input type="radio"/> Yes <input type="radio"/> No

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

8A. Did the deceased ever receive or apply for a benefit under the:	Canada Pension Plan?	Old Age Security?	Régime de rentes du Québec? (Quebec Pension Plan)
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8B. If yes to any of the above, provide the Social Insurance Number or account number.			
9. Was the deceased or the deceased's spouse eligible to receive Family Allowances or was the deceased, the deceased's spouse or the common-law partner eligible to receive the Child Tax Benefit for any children born after December 31, 1958 ?			
Deceased contributor	<input type="radio"/> Yes <input type="radio"/> No	Deceased's spouse or common-law partner	<input type="radio"/> Yes <input type="radio"/> 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?		
<input type="radio"/> Yes Please provide the name and address of the executor in number 11 and go to section C.		
<input type="radio"/> No Go to number 12.		
FOR OFFICE USE ONLY	The Estate of	
11.	<input type="radio"/> Mr. <input type="radio"/> Mrs. First Name and Initial	Last Name
	<input type="radio"/> Ms. <input type="radio"/> Miss	
Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village
Province or Territory	Country other than Canada	Postal Code
12. There is no will and I am applying for the Death benefit as:		
<input type="radio"/> an administrator appointed by the court (Please give your name and address in number 11)		
<input type="radio"/> the person responsible for the funeral expenses (You must submit the funeral contract or funeral receipts with your application.)		
<input type="radio"/> the spouse or common-law partner of the deceased		
<input type="radio"/> the next-of-kin (Please specify your relationship) _____		
<input type="radio"/> other (Please specify) _____		

SECTION C - INFORMATION ABOUT THE APPLICANT

13.	<input type="radio"/> Mr. <input type="radio"/> Mrs. First Name and Initial	Last Name	
	<input type="radio"/> Ms. <input type="radio"/> Miss		
14. Relationship of applicant to the deceased	Your Language Preference	Written Communications (Check one) English French	Verbal Communications (Check one) English French
FOR OFFICE USE ONLY	For the Estate of		
Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village	
Province or Territory	Country other than Canada	Postal Code	

SECTION D - APPLICANT'S DECLARATION

I hereby apply on behalf of the estate of the deceased contributor for a Death benefit. I declare that, to the best of my knowledge, the information given in this application is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, 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 (YYYY-MM-DD)

Telephone number

NOTE: We can only accept a signature with a mark (e.g. X) if a responsible person witnesses it. That person must also complete the declaration below.

SECTION E - WITNESS'S DECLARATION

If the applicant signs with a mark, a witness (friend, member of family, etc.) must complete this section.

I have read the contents of this application to the applicant, who appeared to fully understand and who made his or her mark in my presence.

Name		Relationship to the applicant	
Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village	
Province or Territory	Country other than Canada	Postal Code	
Telephone number during the day	Witness's signature	Date (YYYY-MM-DD)	

FOR OFFICE USE ONLY

Application taken by: (Please print name and phone number)		Telephone Number	
Application approved pursuant to the Canada Pension Plan.	Authorized Signature		
	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

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
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Victoria BC V8W 2V2
CANADA

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