

Application for a Canada Pension Plan Survivor's Pension and Child(ren)'s Benefits

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 your deceased spouse or common-law partner (The deceased contributor)

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																
2 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>																			
<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Common-Law <input type="radio"/> Surviving spouse or common-law partner <input type="radio"/> Divorced																			
4A. Optional Usual first name and initial Last name <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss																			
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																			
Province or territory		Country other than Canada	Postal code																
If the address shown above is outside of Canada, indicate the province or territory in which the deceased last resided.																			
6. Did your deceased spouse or common-law partner ever live or work in another country? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the names of the countries and the insurance numbers. (If you need more space, use the space provided on page 6 of this application) Also, indicate whether a benefit has been requested.																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 35%;">Country</th> <th style="width: 35%;">Insurance Number</th> <th style="width: 20%;">Has a benefit been requested?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;">b)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;">c)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </tbody> </table>					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
	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																

Section B - Information about you (The surviving spouse or common-law partner)

7A. Social Insurance Number		7B. Date of birth YYYY-MM-DD		7C. Country of birth (If born in Canada, indicate province or territory)		FOR OFFICE USE ONLY	
						AGE ESTABLISHED	
Your Language Preference	8A. Written communications (Check one) <input type="radio"/> English <input type="radio"/> French			8B. Verbal communications (Check one) <input type="radio"/> English <input type="radio"/> French			
9A. Optional		Usual first name and initial		Last name			
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss							
9B. Full name at birth, if different from 9A.		First name and initial		Last name			
9C. Name on social insurance card, if different from 9A.		First name and initial		Last name			
10. Mailing address (No., Street, Apt., P.O. Box, R.R.)						City	
Province or territory				Country other than Canada		Postal code	
Telephone number(s)		11A. Area code and telephone number at home			11B. Area code and telephone number at work (if applicable)		
12. Home address, if different from mailing address (No., Street, Apt., R.R.)						City	
Province or territory				Country other than Canada		Postal code	
13A. Are you receiving or have you ever applied for a benefit under the:		Canada Pension Plan? <input type="radio"/> Yes <input type="radio"/> No		Old Age Security? <input type="radio"/> Yes <input type="radio"/> No		Régime de rentes du Québec? (Quebec Pension Plan) <input type="radio"/> Yes <input type="radio"/> No	
13B. If you answered yes to any of the above, provide the Social Insurance Number or account number under which you applied.							
14A. Were you married to the deceased? <input type="radio"/> Yes <input type="radio"/> No If yes, date of marriage (Please submit your marriage certificate) YYYY-MM-DD							
14B. Were you still married at the time of your spouse's death? <input type="radio"/> Yes <input type="radio"/> No				14C. Were you still living together at the time of your spouse's death? <input type="radio"/> Yes <input type="radio"/> No			
FOR OFFICE USE ONLY		MARRIAGE ESTABLISHED					
15A. If you were the common-law partner of the deceased, when did you start living together? YYYY-MM-DD _____				15B. Were you still living together at the time of your common-law partner's death? <input type="radio"/> Yes <input type="radio"/> No If yes and you were the common-law partner of the deceased, please obtain and complete the form titled "Statutory Declaration of Common-law Union" and return it with this application.			
FOR OFFICE USE ONLY		COMMON-LAW ESTABLISHED					

16. Payment Information

Direct deposit in Canada: Complete the boxes below with your banking information.

Branch number (5 digits)

Institution number (3 digits)

Account number (maximum of 12 digits)

Name(s) on the account

Telephone number of your financial institution

Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development Canada (ESDC) and the Canada Revenue Agency (CRA) to share your personal and direct deposit information, your consent is required.

By selecting "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you select "I do not agree", your information will not be shared.

I agree I do not agree

Direct deposit outside Canada:

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.

17. Voluntary Income Tax Deduction

This service is available to Canadian residents only.

Your Canada Pension Plan benefit is taxable income. If we approve your application, would you like us to deduct **federal income tax** from your monthly payment? (See the information sheet for more information)

Yes No

If yes, indicate the dollar amount or percentage you want us to deduct each month.

Federal Income Tax	Federal Income Tax
\$ _____	_____ %

Section C - Information about the child(ren) of the deceased

18. Do you have any children **under the age of 18**?

Yes No **If yes**, please provide the following information.

a) Child's usual first name and initial		Last name	
Sex Optional <input type="radio"/> Male <input type="radio"/> Female	Date of birth (YYYY-MM-DD)	Social Insurance Number	
Is the child in your care and custody since birth? <input type="radio"/> Yes <input type="radio"/> No If no , please indicate since when: YYYY-MM-DD		Is the child still in your care and custody? <input type="radio"/> Yes <input type="radio"/> No If no , please provide a letter of explanation.	
Is the child a:			
<input type="radio"/> child of your deceased spouse or common-law partner	<input type="radio"/> legally adopted child of your deceased spouse or common-law partner	<input type="radio"/> other (Explain circumstances in the space provided on page 6 of this application)	

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b) Child's usual first name and initial		Last name	
Sex Optional <input type="radio"/> Male <input type="radio"/> Female	Date of birth (YYYY-MM-DD)	Social Insurance Number	
Is the child in your care and custody since birth? <input type="radio"/> Yes <input type="radio"/> No If no , please indicate since when: YYYY-MM-DD		Is the child still in your care and custody? <input type="radio"/> Yes <input type="radio"/> No If no , please provide a letter of explanation.	
Is the child a:			
<input type="radio"/> child of your deceased spouse or common-law partner	<input type="radio"/> legally adopted child of your deceased spouse or common-law partner	<input type="radio"/> other (Explain circumstances in the space provided on page 6 of this application)	

FOR OFFICE USE ONLY	AGE ESTABLISHED
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19. Do you have any children **between the ages of 18 and 25** attending school, college or university full-time?

Yes No

If yes, please provide the following information.

a) Child's usual first name and initial		Last name		Date of birth (YYYY-MM-DD)	
Mailing address (No., Street, Apt., P.O. Box, R.R.)			City		
Province or territory			Country other than Canada		Postal code
b) Child's usual first name and initial		Last name		Date of birth (YYYY-MM-DD)	
Mailing address (No., Street, Apt., P.O. Box, R.R.)			City		
Province or territory			Country other than Canada		Postal code

Social Insurance Number:

PROTECTED B (when completed)

20. Are any of the children named in questions 19 and 20 receiving or have they applied for a benefit under:

a) the Canada Pension Plan? Yes No

b) Régime de rentes du Québec? Yes No
(Quebec Pension Plan)

If yes, to either or both, indicate the name of the child(ren) and the Social Insurance Number under which benefits are being received or have been applied for.

Child's usual first name and initial

Social Insurance Number

21. Have you been wholly or substantially maintaining all of the children listed in questions 19 and 20, since the death of your spouse or common-law partner?

Yes No

If no, please explain on page 6 of this application.

Section D - Information about the applicant

(If not the surviving spouse or common-law partner named in Section B)

22. Social Insurance Number	Your Language Preference	23A. Written communications (Check one) <input type="radio"/> English <input type="radio"/> French	23B. Verbal communications (Check one) <input type="radio"/> English <input type="radio"/> French
24. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Usual first name and initial	Last name	
25. Mailing address (No., Street, Apt., P.O. Box, R.R.)		City	
Province or territory		Country other than Canada	Postal code
Telephone number(s)	26A. Area code and telephone number at home	26B. Area code and telephone number at work (if applicable)	
Please explain on a separate sheet of paper why you are making this application			

Applicant's declaration

I hereby apply for a Survivor's Pension and/or child(ren)'s benefits under the provisions of the Canada Pension Plan. I declare that, to the best of my knowledge, the information on this application is true and complete. The personal information you provide is collected under the authority of the *Canada Pension Plan* (CPP) and will be used to determine your eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure an individual's exact identification so that contributory earnings can be correctly applied to your record to allow for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. The personal information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law. As well, the personal information you provide may be used and/or disclosed for policy analysis, statistical, research, and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made. The personal information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the CPP and *Old Age Security Act*.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act*, the CPP, the *Privacy Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank ESDC PPU 146. You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: Canada.ca/infosource-ESDC *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern/file-a-formal-privacy-complaint/ or by calling 1-800-282-1376.

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)

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.

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 applicant	Telephone number
Address	Witness's signature	Date (YYYY-MM-DD)

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

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
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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