

# 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

				FOR OFFICE USE ONLY	
<b>1A.</b> Social Insurance Number	<b>1B.</b> Date of Birth Year    Month    Day	<b>1C.</b> Country of Birth (If born in Canada, indicate province or territory)	AGE ESTABLISHED		AA
<b>2A.</b> Sex  Male                      Female	<b>2B.</b> Date of Death <i>(See the information sheet for a list of acceptable proof of date of death documents)</i> Year    Month    Day		ESTABLISHED DATE OF DEATH	PROV. CODE	AA
<b>3.</b> Marital status at the time of death <i>(See the information sheet for important information about marital status)</i>  Single                      Married                      Separated  Common-law                      Surviving spouse or common-law partner                      Divorced			SURNAME - VALIDATOR		AR
<b>4A.</b> Mr.    Mrs. Ms.    Miss	Usual First Name and Initial		Last Name		
<b>4B.</b> Name at birth, if different from 4A. (e.g. maiden name, legal name change, etc.)	First Name and Initial		Last Name		
<b>4C.</b> Name on social insurance card, if different from 4A.	First Name and Initial		Last Name		
<b>5.</b> Home Address at the time of death (No., Street, Apt., R.R.)			City		
Province or Territory			Country other than Canada		Postal Code
<b>6A.</b> If the address shown in number 5 is outside of Canada, indicate the province or territory in which the deceased last resided.				<b>6B.</b> In which year did the deceased leave Canada?	
<b>7.</b> Did the deceased ever live or work in another country?		No    Yes	<b>If yes,</b> 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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes	No	
b)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes	No	
c)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes	No	

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

<b>8A.</b> 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?)
	Yes    No	Yes    No	Yes    No
<b>8B.</b> If <b>yes</b> to any of the above, provide the Social Insurance Number or account number.			
<b>9.</b> 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 <b>after December 31, 1958</b> ?			
Deceased contributor	Yes	No	Deceased's spouse or common-law partner
	Yes	No	Yes    No

**SECTION B - INFORMATION ABOUT THE SETTLEMENT OF THE ESTATE**

(See "Who should apply for the Death benefit" on the information sheet)

<b>10.</b> 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	The Estate of _____					_A
<b>11.</b>	Mr.	Mrs.	First Name and Initial	Last Name		_B
	Ms.	Miss				
Mailing Address (No., Street, Apt., P.O. Box, R.R.)			City	TYPE NM    ADR	FOREIGN CODE	LANG.
Province or Territory			Country other than Canada	Postal Code	CONS. CODE	NO. LNS
					A.L.	_C
						_D
<b>12.</b> There is no will and I am applying for the Death benefit as:						
an administrator appointed by the court ( <b>Please give your name and address in number 11</b> )						
the person responsible for the funeral expenses ( <b>You must submit the funeral contract or funeral receipts with your application.</b> )						
the spouse or common-law partner of the deceased						
the next-of-kin (Please specify your relationship) _____						
other (Please specify) _____						

**SECTION C - INFORMATION ABOUT THE APPLICANT**

<b>13.</b>	Mr.	Mrs.	First Name and Initial	Last Name		_A
	Ms.	Miss				
<b>14.</b> Relationship of applicant to the deceased						
FOR OFFICE USE ONLY	For the Estate of _____					_B
Mailing Address (No., Street, Apt., P.O. Box, R.R.)			City	TYPE NM    ADR	FOREIGN CODE	LANG.
Province or Territory			Country other than Canada	Postal Code	CONS. CODE	NO. LNS
					A.L.	_C
						<b>20</b>

**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** \_\_\_\_\_ **APPLICATION DATE**

Year	Month	Day

**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 the 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	Signature	Date
		Year      Month      Day

**FOR OFFICE USE ONLY**

BENEFIT INFORMATION										NUMBER OF LINES			APP. REC'D			DT. EFF.		EA
ACTION	BNFT	AL	B/C	D	E	F	G	S	CPP NUMBER	Y	M	D	M	Y				
	D T H	2 0		0 0				0 0										

MONETARY INFO										ACCRUED RECOVERY		DT EFF.		CPP WITHHOLD		QPP WITHHOLD		FA FA FB
CODE	CHILD SQNC	RECOVERY BNFT	CHILD	SIGN	UNDER/OVPMNT	CPP	QPP	M	Y	ARREARS	RATE	ARREARS	RATE					
<b>TOTAL</b>																		

FA - CTB PERIODS														
	START			END			GB	START			END			GB
	Y	M	D	Y	M	D		Y	M	D	Y	M	D	
(1)							GB	(3)						GB
(2)							GB	(4)						GB

Application taken by: (Please print name and phone number)

Application approved pursuant to the Canada Pension Plan.	Date
	Authorized Signature

DATE	TYPE OF REJECT	BATCH NO.	CYCLE	DATE	SIGNATURE
1					
2					
3					
4					

**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

**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: **613-990-2244** (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 Station A  
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 2710 Station Main  
Edmonton AB T5J 2G4  
CANADA

**BRITISH COLUMBIA AND YUKON**

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

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