



# 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)

<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)	<b>FOR OFFICE USE ONLY</b>	
			AGE ESTABLISHED	AA
<b>2A.</b> Sex <input type="radio"/> Male <input type="radio"/> Female	<b>2B.</b> Date of Death (See the information sheet for a list of acceptable proof of date of death documents) Year Month Day		DATE OF DEATH ESTABL.	PROV. CODE AA
<b>3.</b> Marital status at the time of death (See the information sheet for important information about marital status) <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			SURNAME - VALIDATOR AR	
<b>4A.</b> <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> 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
If the address shown above is outside of Canada, indicate the province or territory in which the deceased last resided. ▶				
<b>6.</b> Did your deceased spouse or common-law partner ever live or work in another country? <input type="radio"/> No <input type="radio"/> Yes ▶			<b>If yes,</b> 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.	
	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 Human Resources and Skills Development Canada programs and services for the Government of Canada.

**SECTION B - INFORMATION ABOUT YOU** (The surviving spouse or common-law partner)

<b>7A.</b> Social Insurance Number		<b>7B.</b> Date of Birth Year Month Day		<b>7C.</b> Country of Birth (If born in Canada, indicate province or territory)		<b>FOR OFFICE USE ONLY</b>					
						AGE ESTABLISHED			AS		
Your Language Preference	<b>8A.</b> Written Communications (Check one) English      French			<b>8B.</b> Verbal Communications (Check one) English      French			DSB START M      Y		DSB END M      Y		AS
<b>9A.</b>	<input type="radio"/> Mr. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Mrs.		Usual First Name and Initial      Last Name			TYPE NM ADR		FOREIGN CODE		LANG.	B
<b>9B.</b>	Name at birth, if different from 9A. (e.g. maiden name, legal name change, etc.)		First Name and Initial      Last Name		CONS. CODE		NO. LNS		A.L. 2 1		C
<b>9C.</b>	Name on social insurance card, if different from 9A.		First Name and Initial      Last Name		TYPE NM ADR		FOREIGN CODE		LANG.	CB	
					CONS. CODE		NO. LNS		A.L. 2 1		CC
<b>10.</b> Mailing Address (No., Street, Apt., P.O. Box, R.R.)      City											
Province or Territory						Country other than Canada				Postal Code	
Telephone Number(s)		<b>11A.</b> Area code and telephone number at home			<b>11B.</b> Area code and telephone number at work (if applicable)						
<b>12.</b> Home Address, if different from mailing address (No., Street, Apt., R.R.)      City											
Province or Territory						Country other than Canada				Postal Code	
<b>13A.</b> Are you receiving or have you ever applied for a benefit under the:			Canada Pension Plan? Yes      No		Old Age Security? Yes      No		Régime de rentes du Québec? (Quebec Pension Plan?) Yes      No				
<b>13B.</b> If you answered <b>yes</b> to any of the above, provide the Social Insurance Number or account number under which you applied.      ▶							<b>14.</b> Are you disabled? No      Yes				
<b>15A.</b> Were you married to the deceased?  Yes      ▶      Date of marriage (Please submit your marriage certificate)      Year      Month      Day  No      ▶      When did you start living together?      Year      Month      Day							<b>15B.</b> Were you still married at the time of your spouse's death?  Yes      No				
<b>16.</b> Were you still living together at the time of your spouse's or common-law partner's death?			No      Yes      ▶		<b>If yes</b> and you are 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.						
<b>17.</b> If you were under 45 years of age at the time of your spouse's or common-law partner's death, were you responsible for the care of:											
a) a child of your deceased spouse or common-law partner <b>under 18 years of age</b> who was not in your care and custody?							Yes		No		
b) a disabled child of your deceased spouse or common-law partner <b>over 18 years of age</b> ?							Yes		No		
c) a child of your deceased spouse or common-law partner <b>between the ages of 18 to 25</b> in full-time attendance at school or university?							Yes		No		
<b>IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCES IN THE SPACE PROVIDED ON PAGE 6 OF THIS APPLICATION AND INDICATE WHETHER OR NOT YOU ARE STILL CARING FOR THE CHILD.</b>											

**18. Direct Deposit (For Canada only)**

For Direct Deposit outside Canada, please contact us at 1-800-277-9914 (from the United States) and at 613-990-2244 from all other countries (we accept collect calls).

If your application is approved, do you want your monthly payments deposited into your account at your financial institution?

No (Go to question 19)

Yes - Complete the boxes below (you may want to contact your financial institution to get this 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

You can attach an unsigned personalized cheque with the word "VOID" on the front of the cheque and your social insurance number on the back.

**19. Voluntary Income Tax Deduction This service is available if you live in Canada.**

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)

No Yes **▶ If yes, indicate the dollar amount you want us to deduct each month.** Federal Income Tax \$ \_\_\_\_\_

**SECTION C - INFORMATION ABOUT THE CHILD(REN) OF THE DECEASED**

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

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

a) Child's Usual First Name and Initial

Last Name

Sex

Male  Female

Date of Birth

Year Month Day

Social Insurance Number

Is the child in your care and custody since birth?

Yes No **▶**

If no, please indicate since when:

Year Month Day

Is the child **still** in your care and custody?

Yes No **▶**

If no, please provide a letter of explanation.

Is the child a:

child of your deceased spouse or common-law partner

legally adopted child of your deceased spouse or common-law partner

other (Explain circumstances in the space provided on page 6 of this application)

FOR OFFICE USE ONLY **▶**

AGE ESTABLISHED

CANCELLATION

DPND END

DSB. START

DSB. END

A.L.

DA

b) Child's Usual First Name and Initial

Last Name

Sex

Male  Female

Date of Birth

Year Month Day

Social Insurance Number

Is the child in your care and custody since birth?

Yes No **▶**

If no, please indicate since when:

Year Month Day

Is the child **still** in your care and custody?

Yes No **▶**

If no, please provide a letter of explanation.

Is the child a:

child of your deceased spouse or common-law partner

legally adopted child of your deceased spouse or common-law partner

other (Explain circumstances in the space provided on page 6 of this application)

FOR OFFICE USE ONLY **▶**

AGE ESTABLISHED

CANCELLATION

DPND END

DSB. START

DSB. END

A.L.

DA

<b>21.</b> Do you have any children <b>between the ages of 18 and 25</b> attending school, college or university full-time?		No	Yes	▶ <b>If yes</b> , please provide the following information.
<b>a)</b> Child's Usual First Name and Initial		Last Name		Date of Birth Year Month Day
Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City		
Province or Territory		Country other than Canada		Postal Code
<b>b)</b> Child's Usual First Name and Initial		Last Name		Date of Birth Year Month Day
Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City		
Province or Territory		Country other than Canada		Postal Code
<b>22.</b> Are any of the children named in questions 20 and 21 receiving or have they applied for a benefit under:				
<b>a)</b> the Canada Pension Plan?		No	Yes	▶ <b>If yes</b> , 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.
<b>b)</b> Régime de rentes du Québec? (Quebec Pension Plan?)		No	Yes	
Child's Usual First Name and Initial		Social Insurance Number		
_____		_____		
_____		_____		
_____		_____		
_____		_____		
<b>23.</b> Have you been wholly or substantially maintaining all of the children listed in question 20 and 21, since the death of your spouse or common-law partner?				
		Yes	No	▶ <b>If no</b> , 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)

<b>24.</b> Social Insurance Number		Your Language Preference		<b>25A.</b> Written Communications (Check one)		<b>25B.</b> Verbal Communications (Check one)			
				English      French		English      French			
<b>26.</b> <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		Usual First Name and Initial		Last Name					
<b>27.</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.
Telephone Number(s)		<b>28A.</b> Area code and telephone number at home			<b>28B.</b> Area code and telephone number at work (if applicable)				
<b>Please explain on a separate sheet of paper why you are making this application</b>									

**APPLICANT'S DECLARATION**

Social Insurance Number

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. I realize that my personal information is governed by the *Privacy Act* and it can be disclosed where authorized under the Canada Pension Plan.

**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** \_\_\_\_\_

Year Month Day

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

**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 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.		CHILD
ACTION	BNFT	AL	B/C	D	E	F	G	S	CPP NUMBER	D	M	Y	M	Y	SQNC

EA

ACCESS CODE	ACTION	BNFT	DT. EFF.		CHILD	MISCELLANEOUS 1	MISCELLANEOUS 2	NUMBER OF LINES							
			M	Y	SQNC	(OLD)	(NEW)	(NEW)	B/C	D	E	F	G	S	

EC

**MONETARY INFO**

CODE	CHILD SQNC	RECOVERY		SIGN	ACCRUED RECOVERY		DT EFF.		CPP WITHHOLD		QPP WITHHOLD	
		BNFT	CHILD		UNDER/OVPMNT	CPP	QPP	M	Y	ARREARS	RATE	ARREARS

FA

FA

FB

TOTAL

**FA - CTB PERIODS**

	START	END		START	END	
	M	Y	M	M	Y	M
(1)						GB
(2)						GB
(3)						GB
(4)						GB

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

Application approved pursuant to the Canada Pension Plan.

Date

Authorized Signature

Effective Date

\_\_\_\_ (month) \_\_\_\_ (year)

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

## 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: **613-990-2244** (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

Disponible en français