

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
2A. Sex <input type="radio"/> Male <input type="radio"/> Female	2B. Date of death (See the information sheet for a list of acceptable proof of date of death documents) YYYY-MM-DD		DATE OF DEATH ESTABLISHED
3. 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			
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	
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.			
	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

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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. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		Usual first name and initial		Last name			
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.						14. Are you disabled? <input type="radio"/> Yes <input type="radio"/> No	
15A. 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 _____	
15B. Were you still married at the time of your spouse's death? <input type="radio"/> Yes <input type="radio"/> No				15C. 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					
16A. If you were the common-law partner of the deceased, when did you start living together? YYYY-MM-DD _____				16B. 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					

17. 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 **under 18 years of age** who was not in your care and custody? Yes No

b) a disabled child of your deceased spouse or common-law partner **over 18 years of age**? Yes No

c) a child of your deceased spouse or common-law partner **between the ages of 18 to 25** in full-time attendance at school or university? Yes No

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.

18. 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
_____		_____

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.

19. 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

20. 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 <input type="radio"/> Male <input type="radio"/> Female	Date of birth (YYYY-MM-DD)	Social Insurance Number
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Is the child in your care and custody since birth? <input type="radio"/> Yes <input type="radio"/> No If no, please indicate since when: _____	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.
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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 <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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21. 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

22. Are any of the children named in questions 20 and 21 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
_____	_____
_____	_____
_____	_____
_____	_____

23. Have you been wholly or substantially maintaining all of the children listed in questions 20 and 21, 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)

24. Social Insurance Number	Your Language Preference	25A. Written communications (Check one) <input type="radio"/> English <input type="radio"/> French	25B. Verbal communications (Check one) <input type="radio"/> English <input type="radio"/> French
26. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Usual first name and initial		Last name
27. Mailing address (No., Street, Apt., P.O. Box, R.R.)		City	
Province or territory		Country other than Canada	Postal code
Telephone number(s)	28A. Area code and telephone number at home	28B. 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. 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

Date (YYYY-MM-DD)

X _____

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)
X		

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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 _____ (month) _____ (year)	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.

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