Service Canada

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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.

FOR OFFICE USE ONLY

SECTION A - INFORMATION ABOUT THE DECEASED

1A. Social Insurance Number

1B. Date of Birth
Year Month Day

1C. Country of Birth (If born in Canada, indicate province or territory)

AGE ESTABLISHED
AA

2A. Sex
☐ Male ☐ Female

2B. Date of Death
(See the information sheet for a list of acceptable proof of date of death documents)
Year Month Day

ESTABLISHED DATE OF DEATH
PROV. CODE
AA

3. Marital status at the time of death
(See the information sheet for important information about marital status)
☐ Single ☐ Married ☐ Separated
☐ Common-law ☐ Surviving spouse or common-law partner ☐ Divorced

SURNAME - VALIDATOR
AR

4A. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss
Usual First Name and Initial
Last Name

4B. Name at birth, if different from 4A. (e.g. maiden name, legal name change, etc.)
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

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? ☐ No ☐ Yes

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)			☐ Yes ☐ No
b)			☐ Yes ☐ No
c)			☐ Yes ☐ No

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Social Insurance Number

8A. Did the deceased ever receive or apply 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
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 ☐ Yes ☐ No Deceased's spouse or common-law partner ☐ Yes ☐ 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?

☐ 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

11. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss First Name and Initial Last Name _B

Mailing Address (No., Street, Apt., P.O. Box, R.R.)	City	TYPE NM ADR	FOREIGN CODE	LANG.	_C
Province or Territory	Country other than Canada	Postal Code	CONS. CODE	NO. LNS	A.L. _D

12. There is no will and I am applying for the Death benefit as:

☐ an administrator appointed by the court **(Please give your name and address in number 11)**

☐ the person responsible for the funeral expenses **(You must submit the funeral contract or funeral receipts with your application.)**

☐ 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

13. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss First Name and Initial Last Name _A

14. Relationship of applicant to the deceased

FOR OFFICE USE ONLY	For the Estate of

Mailing Address (No., Street, Apt., P.O. Box, R.R.)	City	TYPE NM ADR	FOREIGN CODE	LANG.	_B
Province or Territory	Country other than Canada	Postal Code	CONS. CODE	NO. LNS	A.L. 20 _C

Social Insurance Number

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

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BENEFIT INFORMATION

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

MONETARY INFO

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

FA - CTB PERIODS

	START Y M D	END Y M D			START Y M D	END 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

Print to PDF

Service Canada

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.

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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
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ISP-3501-CPP-04-10E

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