Service Canada

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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 Year Month Day	**1C.** Country of Birth (If born in Canada, indicate province or territory)	**FOR OFFICE USE ONLY** 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		DATE OF DEATH ESTABL. / 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

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? ☐ No ☐ Yes ▶ **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)			☐ Yes ☐ No
b)			☐ Yes ☐ No
c)			☐ Yes ☐ 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)

7A. Social Insurance Number

7B. Date of Birth Year Month Day

7C. Country of Birth (If born in Canada, indicate province or territory)

Your Language Preference

8A. Written Communications *(Check one)* ☐ English ☐ French

8B. Verbal Communications *(Check one)* ☐ English ☐ French

9A. ☐ Mr. ☐ Miss ☐ Ms. ☐ Mrs. Usual First Name and Initial Last Name

9B. Name at birth, if different from 9A. (e.g. maiden name, legal name change, etc.) First Name and Initial Last Name

9C. Name on social insurance card, if different from 9A. First Name and Initial Last Name

FOR OFFICE USE ONLY

AGE ESTABLISHED			AS
DSB START M Y	DSB END M Y		AS
TYPE NM ADR	FOREIGN CODE	LANG.	B
CONS. CODE	NO. LNS	A.L. 2 1	C
TYPE NM ADR	FOREIGN CODE	LANG.	CB
CONS. CODE	NO. LNS	A.L. 2 1	CC

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? ☐ Yes ☐ No

Old Age Security? ☐ Yes ☐ No

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

15A. 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

15B. Were you still married at the time of your spouse's death? ☐ Yes ☐ No

16. Were you still living together at the time of your spouse's or common-law partner's death? ☐ No ☐ Yes ▶ **If yes** 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.

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. 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 ages 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 M Y	DSB. START M Y	DSB. END M Y	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 M Y	DSB. START M Y	DSB. END M Y	A.L.	DB

SIN

21. Do you have any children **between the ages of 18 and 25** attending school, college or university full-time? ☐ No ☐ Yes ▶ **If yes**, please provide the following information

a) 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) 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

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? ☐ No ☐ Yes

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

▶ **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 question 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)* ☐ English ☐ French | **25B.** Verbal Communications *(Check one)* ☐ English ☐ French

26. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | Usual First Name and Initial | Last Name

A

27. 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.

C

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

SIN

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 X _____ **APPLICATION DATE** Year Month Day _____

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

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BENEFIT INFORMATION

ACTION	BNFT	AL	B/C	D	NUMBER OF LINES E	F	G	S	CPP NUMBER	APP. REC'D D M Y	DT. EFF. M Y	CHILD SQNC	
								00					EA

ACCESS CODE	ACTION	BNFT	DT EFF. M Y	CHILD SQNC	MISCELLANEOUS 1 (OLD)	(NEW)	MISCELLANEOUS 2 (NEW)	B/C	D	E	F	NUMBER OF LINES G	S	
												00	00	EC

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 M Y	END M Y			START M Y	END M Y	
(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.

Effective Date _____ (month) _____ (year)

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

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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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
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PO Box 2710 Station Main
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