



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 <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) Year Month Day		DATE OF DEATH ESTABL.	PROV. CODE
			SURNAME - VALIDATOR	AA
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. 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? <input type="radio"/> No <input type="radio"/> 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)			<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)

7A. Social Insurance Number		7B. Date of Birth Year Month Day		7C. Country of Birth (If born in Canada, indicate province or territory)		FOR OFFICE USE ONLY					
						AGE ESTABLISHED			AS		
Your Language Preference	8A. Written Communications (Check one) English French			8B. Verbal Communications (Check one) English French			DSB START M Y		DSB END M Y		AS
9A.	<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
9B.	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.	C
9C.	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.	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?		Old Age Security?		Régime de rentes du Québec? (Quebec Pension Plan?)					
		Yes No		Yes No		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 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

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	▶ 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.
b) Régime de rentes du Québec? (Quebec Pension Plan?)		No	Yes	
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)		25B. Verbal Communications (Check one)		
				English French		English 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			TYPE NM ADR	FOREIGN CODE	LANG.	
Province or Territory		Country other than Canada			Postal Code	CONS. CODE	NO. LNS	A.L.
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								

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
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Victoria BC V8W 2V2
CANADA

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