



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.

SECTION A - INFORMATION ABOUT THE DECEASED

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
2. 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"/> Divorced <input type="radio"/> Surviving spouse or common-law partner			
4A. Optional <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, Town or Village			
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? <input type="radio"/> Yes <input type="radio"/> No 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)			<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 Employment and Social Development Canada
programs and services for the Government of Canada.

8A. Did the deceased ever receive or apply 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
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	<input type="radio"/> Yes <input type="radio"/> No	Deceased's spouse or common-law partner	<input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes Please provide the name and address of the executor in number 11 and go to section C. <input type="radio"/> No Go to number 12.			
FOR OFFICE USE ONLY	The Estate of		
11. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	First Name and Initial	Last Name	
Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village	
Province or Territory		Country other than Canada	Postal Code
12. There is no will and I am applying for the Death benefit as:			
<input type="radio"/> an administrator appointed by the court (Please give your name and address in number 11)			
<input type="radio"/> the person responsible for the funeral expenses (You must submit the funeral contract or funeral receipts with your application.)			
<input type="radio"/> the spouse or common-law partner of the deceased			
<input type="radio"/> the next-of-kin (Please specify your relationship) _____			
<input type="radio"/> other (Please specify) _____			

SECTION C - INFORMATION ABOUT THE APPLICANT

13. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	First Name and Initial	Last Name	
14. Relationship of applicant to the deceased	Your Language Preference	Written Communications (Check one) <input type="radio"/> English <input type="radio"/> French	Verbal Communications (Check one) <input type="radio"/> English <input type="radio"/> French
FOR OFFICE USE ONLY	For the Estate of		
Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village	
Province or Territory		Country other than Canada	Postal Code

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

Date (YYYY-MM-DD)

X

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 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 the applicant

Address (No., Street, Apt., P.O. Box, R.R.)

City, Town or Village

Province or Territory

Country other than Canada

Postal Code

Telephone number during the day

Witness's signature

Date (YYYY-MM-DD)

X

FOR OFFICE USE ONLY

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

Telephone Number

Application approved pursuant to the Canada Pension Plan.

Authorized Signature

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.