



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
2 Date of death (See the information sheet for a list of acceptable proof of date of death documents)			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. Optional Usual first name and initial Last name <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss			
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

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

16. 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

Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development Canada (ESDC) and the Canada Revenue Agency (CRA) to share your personal and direct deposit information, your consent is required.

By selecting "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you select "I do not agree", your information will not be shared.

☐ I agree☐ I do not agree**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.

17. 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**18. 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 Optional <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?

☐ Yes ☐ No **If no**, please indicate YYYY-MM-DD since when:

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)

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b) Child's usual first name and initial Last name

Sex Optional <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?

☐ Yes ☐ No **If no**, please indicate YYYY-MM-DD since when:

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)

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19. 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

20. Are any of the children named in questions 18 and 19 receiving or have they applied for a benefit under:

a) the Canada Pension Plan? ☐ Yes ☐ No

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

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

21. Have you been wholly or substantially maintaining all of the children listed in questions 18 and 19, 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)

22. Social Insurance Number	Your Language Preference	23A. Written communications (Check one) <input type="radio"/> English <input type="radio"/> French	23B. Verbal communications (Check one) <input type="radio"/> English <input type="radio"/> French
24. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Usual first name and initial		Last name
25. Mailing address (No., Street, Apt., P.O. Box, R.R.)		City	
Province or territory		Country other than Canada	Postal code
Telephone number(s)	26A. Area code and telephone number at home	26B. 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. The personal information you provide is collected under the authority of the *Canada Pension Plan* (CPP) and will be used to determine your eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure an individual's exact identification so that contributory earnings can be correctly applied to your record to allow for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. The personal information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law. As well, the personal information you provide may be used and/or disclosed for policy analysis, statistical, research, and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made. The personal information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the CPP and *Old Age Security Act*.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act*, the CPP, the *Privacy Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank ESDC PPU 146. You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: **Canada.ca/infosource-ESDC** *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: **www.priv.gc.ca/en/report-a-concern/file-a-formal-privacy-complaint/** or by calling 1-800-282-1376.

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.