

Information Sheet

How to Apply for the Canada Pension Plan Survivor's Pension and Child(ren)'s Benefit(s)

Getting started

Please read this information sheet before you complete your application. The explanations match the box numbers on the application form.

Please use a **pen** to complete your application and be sure to **print** as clearly as possible.

Fill out as much of the application form as you can. If you need help, have a list of your questions ready and call us at the telephone numbers we have listed in the section called "**How to contact us**". Please have the deceased's Social Insurance Number ready.

HOW TO CONTACT US

To learn more about Canada Pension Plan, Old Age Security Program and Service Canada on-line services, please visit our Internet site at:

servicecanada.gc.ca

OR

You can call:

In Canada or the United States,

1 800 277-9914 (for service in English)

1 800 277-9915 (for service in French)

1 800 255-4786 TTY/Teletypewriter Users Only

CHECK LIST

Information/Documents You Need to Provide	Survivor's Pension	Child(ren)'s Benefits
Death certificate of the deceased	✓	✓
Marriage certificate if you were married to the deceased	✓	
A Statutory Declaration if you were living in a common-law relationship with the deceased.	✓	
Indicate your Social Insurance Number on all documents before sending them to us (except originals)	✓	✓
If you have already provided these documents to the Canada Pension Plan or Old Age Security Program, you do not have to provide them again.		

If you need to send us documents, try to send us certified photocopies instead of the original documents. This way there is no risk that your original documents will be lost in the mail. See the section titled "**Send certified photocopies instead of originals**" for more information.

This Information Sheet contains general information concerning the Canada Pension Plan Survivor's Pension and Child(ren)'s Benefit(s). The information reflects the Canada Pension Plan legislation. If there are any differences between what is in the Information Sheet and the Canada Pension Plan legislation, the legislation is always right.

Basic eligibility factors for the Canada Pension Plan Survivor's pension

To qualify for a Survivor's pension:

- you must have been legally married or in a common-law union with your deceased spouse or common-law partner at the time of his/her death; **and**
- your deceased spouse or common-law partner must have made enough contributions to the Canada Pension Plan; **and**
- you must apply in writing and submit the necessary documents.

If you were legally separated from your deceased spouse at the time of his/her death, you may still qualify for a Survivor's pension.

NOTE: If you were under 35 years of age at the time of your spouse's or common-law partner's death, you do not qualify for a Survivor's pension unless:

- you are disabled; **or**
- had a dependent child of the deceased at the time of your deceased spouse's or common-law partner's death.

Definition of spouse and common-law partner

Under the *Canada Pension Plan*:

- a **spouse** is a person to whom you are legally married;
- a **common-law partner** is a person of the opposite sex or same sex who has been living in a conjugal relationship for at least one year.

Did your deceased spouse or common-law partner contribute to the Régime de rentes du Québec (Quebec Pension Plan)?

A person may contribute to both the Canada Pension Plan and Quebec Pension Plan. The contributions made under both plans are combined when a benefit entitlement is calculated. If your deceased spouse or common-law partner only contributed to the Quebec Pension Plan, or if he/she contributed to both plans and resided in Quebec, or the last province of residence in Canada was Quebec at the time of death, you should contact:

La Régie des rentes du Québec
P.O. Box 5200
Quebec, Quebec
G1K 7S9

Send certified photocopies instead of original documents

With your application, you usually have to send us certain documents. If you have to send us documents, try to send us certified photocopies instead of the original documents. If you do decide to send your original documents, you may want to send them by registered mail. We will return all the original documents you send us.

Keep in mind, however, that **we can only accept a photocopy if it is readable and if you have someone certify it as a true copy of the original.**

You may bring your original documents into any Service Canada office, and our staff will photocopy the documents and certify them for free. If you cannot visit a Service Canada office, you can ask one of the following people to certify your photocopy:

- Accountant
- Chief of First Nations Band
- Employee of a Service Canada Centre acting in an official capacity
- Funeral Director
- Justice of the Peace
- Lawyer
- Magistrate
- Manager of Financial Institution
- Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse
- Member of Parliament or their staff
- Member of Provincial Legislature or their staff
- Minister of Religion
- Municipal Clerk
- Notary
- Official of a federal government department or provincial government department, or one of its agencies
- Official of an Embassy, Consulate or High Commission
- Official of a country with which Canada has a reciprocal social security agreement
- Police Officer
- Postmaster
- Professional Engineer
- Social Worker
- Teacher

People who certify photocopies have to compare the original document to the photocopy and provide the following information:

- state their official position or title;
- sign and print their name;
- provide their phone number; **and**
- include the date they certified the document(s).

**Send certified photocopies
instead of original documents (continued)**

They also have to write the following statement on the photocopy:

This photocopy is a true copy of the original document which has not been altered in any way.

You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you. **Please write your Social Insurance Number on all documents that you send us (except originals).**

Filling out your application

The following information explains how to complete the application form. Where needed, explanations have been provided. These explanations match the box numbers on the application form. If you have any questions, please call us at the telephone numbers listed in the section called "**How to contact us**".

**Section A: Information about your
deceased spouse or
common-law partner**

**Box 1A
Social Insurance Number**

Enter your deceased spouse's or common-law partner's Social Insurance Number in this box.

The Survivor's pension is based on how much, and for how long, the deceased contributed to the Canada Pension Plan. We keep a record of the contributions made to the Canada Pension Plan by individuals under their Social Insurance Number. To make sure that we use your deceased spouse's or common-law partner's record, you must indicate his/her Social Insurance Number in question 1A.

If the deceased had more than one Social Insurance Number, please attach a note to your application, listing all numbers assigned to the deceased.

**Box 1B
Date of birth**

You do not need to provide proof of birth for the deceased if you provided their Social Insurance Number in the application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary.

If you did not provide the Social Insurance Number of the deceased, then you must submit a certified true copy of the deceased's original birth certificate.

If you do not have one of these documents and the deceased was born in Canada, you can obtain a copy of the deceased's birth certificate by contacting the provincial or territorial birth, marriage or death registration office in the province or territory where the deceased was born.

For people born in Canada, acceptable birth certificates are ones issued by a Provincial birth, marriage or death registration office. You can find the telephone numbers in the provincial or territorial government listings of the telephone book (usually listed as a Provincial Vital Statistics office). If you cannot get one of these documents, please call us. One of our service delivery agents will let you know what other kind of documents you can use to confirm the deceased's date of birth.

**Box 2B
Date of death**

You must submit proof of your deceased spouse's or common-law partner's date of death with your application. To be accepted as proof, the document must give the name, date and place of death of your deceased spouse or common-law partner. The document must be on official letterhead or contain a seal, and provide the name and/or signature of the person or authority issuing the document. The following documents may be accepted as proof of date of death.

ACCEPTABLE DOCUMENTS FOR PROOF OF DEATH

- Burial or Death Certificate
- Certification of Death from another country, if an agreement on social security exists with that country
- Life or Group Insurance Claim along with a statement signed by a medical doctor
- Medical Certification of Death
- Memorandum of Notification of Death issued by the Chief of National Defence Staff
- Notarial copy of Letters of Probate
- Official Death Certificate
- Official Notification from the Public Trustee for a Province
- Registration of Death
- Statement of a medical doctor, coroner or funeral director
- Statement of Verification of Death from the Department of Veterans Affairs

Box 3 Marital status at the time of death

If you were married to the deceased **at the time of death**, we need documents to confirm the date of your marriage. When possible, **a certified true copy of your original marriage certificate should be submitted.**

If you are unable to obtain this document, please contact us to obtain the form titled "**Statutory Declaration of Legal Marriage**", along with any additional documentation and return it with your application.

If you and the deceased were living in a common-law relationship, the form titled "**Statutory Declaration of Common-law Union**" and additional documentation must be submitted to confirm the start date of your common-law union. Please contact us to obtain this form.

Box 6 Did your deceased spouse or common-law partner ever live or work in another country?

Canada has international agreements on social security with many countries. If your answer to question 6 is **yes**, you should provide us with the name of the country and the insurance number issued to the deceased by that country.

Box 6 Did your deceased spouse or common-law partner ever live or work in another country? (continued)

The deceased may have accumulated credits that could help qualify the estate or survivors for Canadian benefits under an international social security agreement. The deceased's Canada Pension Plan credits can also help qualify the estate or the survivors for a foreign pension. You will be advised in writing if either of the above conditions apply to the deceased.

Section B: Information about you (the surviving spouse or common-law partner)

Box 7A Your Social Insurance Number

Enter your Social Insurance Number in question 7A. If you have more than one Social Insurance Number, please attach a note to your application, listing all your Social Insurance Numbers.

Box 7B Your date of birth

Please enter your date of birth in this box.

You do not need to provide proof of birth with your application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary.

Box 8A Written communication

In this box, please tell us in which language you would like to get letters from us. Check only one box.

Box 8B Verbal communication

Please check the language — English or French — you would like to use when you talk to us.

You can choose a different language for written communication than the one you choose for verbal communication. For example, you can ask to receive your letters in English, and you can ask to use French when talking to one of our agents.

Box 14

Are you disabled?

If you were under the age of 35 at the time of your spouse's or common-law partner's death, you may be entitled to receive a Canada Pension Plan survivor's pension only if you have a dependent child or if you are disabled. Your disabling condition can be physical or mental.

According to the Canada Pension Plan legislation, your disability must be "**severe and prolonged**". "**Severe**" means your condition prevents you from working regularly at any job, and "**prolonged**" means your condition is long term or may result in your death. The "**severe**" and "**prolonged**" criteria must both be met at the time of application.

If you feel this applies to you and you have not already applied for the disability pension, please contact us.

Box 18 Direct Deposit

You can sign up for Direct Deposit by using Box 18.

The federal government now uses Direct Deposit as its standard way to make payments to people. The money goes directly into your account at your financial institution. Although you can still get your payment by cheque, Direct Deposit offers several advantages:

- your payment will always be on time, and you can start using the money and earning interest right away;
- there is less risk that your payment will be lost, stolen or damaged;
- if you are sick, on vacation or travelling, you will still get your payment automatically; **and**
- Direct Deposit saves money for Canadian taxpayers, since the federal government has to print and mail fewer cheques.

We can deposit your payment into whichever account you like at any bank, caisse populaire, credit union, trust company or other financial institution in Canada or the United States. If for some reason we can't deposit your payment into your account, we will automatically send you a cheque.

How do you sign up for Direct Deposit?

To sign up for Direct Deposit, you can either:

- attach a cheque from your chequing account to this application form - make sure to write the word "**VOID**" across the front of the cheque (see the example below) and write your Social Insurance Number on the back; **or**
- complete Box 18 on the application.

If you would like your pension deposited into a financial institution in the United States, please attach a note to your application saying so. We will then send you a form to fill out.

EXAMPLE OF A VOIDED CHEQUE

John Smithers 221 Arbour Street Toronto, Ontario M1M 1Z7	Cheque Number: 000102	Date _____	
Pay to the order of _____	"VOID"		
	\$ _____ Dollars		
	Signature _____		
"485"	"00646"	842	:0164"0234-5800
BRANCH NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER	

If you answered **yes** in question 18 and **ARE NOT PROVIDING** a voided cheque, you **MUST** indicate your branch number, your institution number and your account number in the blocks at the bottom of question 18. Please refer to the example above. It identifies the information that we need.

Box 19 Voluntary income tax deduction

Your Canada Pension Plan benefit is taxable. Fill out Box 19 if you would like to have us take off monthly voluntary income tax deductions from your Canada Pension Plan benefit. You should consider your personal tax situation before choosing an amount. If you decide to have us withhold voluntary income tax deductions, you may request an amount now, and have it changed at a later date.

This service is available to Canadian residents only.

Section C: Information about the child(ren) of the deceased

The child(ren) of the deceased could be eligible for a surviving child's benefit. To be eligible, the child(ren) must be the deceased's:

- natural child;
- legally adopted child;
- child adopted in fact; **or**
- a child who was legally or in fact in the care and custody of the deceased.

The child must also be a dependent child of the deceased. A dependent child is a child who, at the time of death of the deceased, was:

- under the age of 18; **or**
- between the ages of 18 and 25 and was attending school or university full-time.

A child may receive up to two benefits under the Canada Pension Plan if both parents were Canada Pension Plan contributors and are either deceased or are disabled, and if all conditions of eligibility are met for both benefits.

If a child is 18 years old, he/she must complete and submit the forms "**Application for Canada Pension Plan Child's Benefit (for children between ages 18 and 25)**" and the "**Declaration of Attendance at School or University**". The child must be attending school or university full-time to receive or continue to receive the benefit.

Box 20 **Do you have any children under the age of 18?**

If you have children under the age of 18 in your care and custody, please complete question 20.

NOTE: If a child was in the care and custody of the deceased but is now in the care and custody of someone other than you, that person must apply on the child's behalf for that child to receive the benefit.

Box 20 **Do you have any children under the age of 18? (continued)**

You do not need to provide proof of birth for the children if you provided their Social Insurance Number in the application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary. If you did not provide the Social Insurance Number of the children, then you must submit a **certified true copy of the children's original birth certificate**.

If you do not have one of these documents and the children were born in Canada, please refer to the previous section **1B "Date of Birth"**, on how to obtain birth evidence.

Box 21 **Do you have any children between the ages of 18 and 25 attending school, college or university full-time?**

If you have children between the ages of 18 and 25, please complete question 21 and we will send an application to each child that is listed. The child must be attending school or university full-time to receive the benefit.

When will my survivor's pension and child(ren) benefit(s) start?

If your application is approved, your survivor's pension will normally begin the later of:

- the month after the death of the contributor;
- the 11th month prior to the month your application is received.

The child(ren) benefit(s) will begin the later of:

- the month after the death of the contributor;
- the month after the birth of the child;
- the 11th month prior to the month your application is received.

You can receive a retroactive payment for up to 11 months from when we receive your application but this retroactive period cannot cover any months prior to the month after the month of death of the contributor or the month after the month of birth of the child. If you are covered under the Incapacity provision (see the following section), retroactive payments could be made for more than 11 months.

Incapacity

Protection is available for persons who did not apply for a Canada Pension Plan pension benefit since they were unable to apply or to ask someone to apply on their behalf because of their medical condition. If you feel this applies to you, please contact us to obtain a "**Declaration of Incapacity**" form.

Non-Resident Tax

If you are a non-resident of Canada for income tax purposes, we may deduct a Non-Resident Tax from your monthly benefit. The tax rate is 25% of your monthly benefit unless the country you live in has a tax treaty with Canada that reduces the rate or exempts you from paying the tax.

Sometimes you can benefit from paying tax at the same rate as residents of Canada by filing a yearly Canadian income tax return. The Canada Revenue Agency will determine if you are due for a refund of any Non-Resident Tax you may have paid. You can also reduce the amount of tax we withhold from your survivor's benefit by completing a yearly "**Application by a Non-Resident of Canada for a Reduction in the Amount of Non-Resident Tax Required to be Withheld**" (Form NR5).

This form can be obtained by writing to the:
International Tax Services Office
Canada Revenue Agency
2204 Walkley Road
Ottawa, Ontario
K1A 1A8

or by calling:

Outside North America: English (613) 952-3741
French (613) 954-1368

Applicant's declaration

To complete the application, you have to sign and date it in this section.

Witness's declaration

If you had someone else fill out the form for you, that person also has to sign and date it, and include their name, address, relationship to you, and telephone number in case we need to contact that person.

It is an offence under the Canada Pension Plan legislation to make a false or misleading statement when completing your application to obtain benefits. You can be charged with an offence under the Canada Pension Plan legislation and/or the Criminal Code of Canada. Any benefits received or obtained to which you are not entitled must be repaid.

Other information you should read before mailing your application

Before you mail your application

Before you send this application form to us, please make sure that you have:

- **completed, signed and dated** your application; **and**
- enclosed certified photocopies or any original documents we need.

Please refer to the "**Check List**" at the beginning of this information sheet for the documents we need.

When we receive your application

Once we receive your application and any supporting documents, we will review your application and contact you if we need more information. We will send you a letter once we have completed our review to let you know if you are eligible.

If you have not heard from us by the time you expect your first payment, please contact us at the telephone numbers listed in the section called "**How to contact us**" at the beginning of this information sheet.

What you must do after your pension starts

If you move

You must tell us if you move, even if your pension is being sent to another address or is being deposited directly into your financial institution account. This way, we will be able to send you important information and the tax slips you need for income tax purposes. Also, if you move outside of Canada or from one country to another, your tax status may change. **If you do not inform us of an address change and you should have paid a higher tax rate, you will have to repay any overpayments.**

If you change financial institutions or account numbers

If your payment is directly deposited, please let us know if you change financial institutions or accounts. Do not close your old account until you are sure that your pension is being deposited into your new account.

If the Canada Pension Plan recipient dies

The estate representative must inform Service Canada as soon as possible of the death of the recipient. Your estate can receive benefits for the month of your death. If we do not get the information quickly enough, any benefits paid after the month of death will have to be paid back.

If you become disabled or cease to be disabled

Please notify us if you become disabled or cease to be disabled.

Other pensions / benefits

Child Rearing Provision

This provision may help you increase the monthly amount of your pension. If you received Family Allowances (FA) or were eligible to receive the Child Tax Benefit on behalf of any children born after December 31, 1958, this provision may apply to you. In this case, complete the form titled "**Canada Pension Plan Child Rearing Provision**" and return it with your application.

If you were a spouse as defined under the Canada Pension Plan prior to the repeal of the Family Allowances Program in 1993 and you received the Family Allowances but your deceased spouse was the person who remained at home and was the primary caregiver for these children, you can waive your rights in favour of the deceased. If you wish to waive your rights, complete the "**Canada Pension Plan Child Rearing Provision**" form and return it with your application.

Retirement Pension

If the deceased made contributions to the Canada Pension Plan, was at least 70 years of age at the time of his/her death, and had not applied for or received a Canada Pension Plan retirement pension, you should contact us and request an application. The application must be made within one year of the date of death.

Old Age Security Pension

If you are between the ages of 60 and 64, you may be eligible for the Allowance for the Survivor. For more information on this subject, please contact us.

Protection of personal information

The information requested is required under the Canada Pension Plan (CPP). We may not be able to give you a benefit if you do not give us all the information we need. We will keep this information in the Personal Information Bank HRSDC PPU 146. Your personal information is governed by the Privacy Act and we may disclose it where we are authorized to do so under the CPP.

Under the *Canada Pension Plan* and the *Privacy Act* you have the right to look at the personal information about you in your file. You can ask to see your file by contacting a Service Canada office. To find out how to get your personal information through the Access to Information Coordinator's office, see the Info Source, a directory that lists all the information banks and the information they contain. Copies of the Info Source are available in all Service Canada offices.

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="checkbox"/> Male <input type="checkbox"/> Female	2B. Date of Death <i>(See the information sheet for a list of acceptable proof of date of death documents)</i> Year Month Day		DATE OF DEATH ESTABL.	PROV. CODE
				AA
3. Marital status at the time of death <i>(See the information sheet for important information about marital status)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Surviving spouse or common-law partner <input type="checkbox"/> Divorced			SURNAME - VALIDATOR	
				AR
4A. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial Last Name <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
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="checkbox"/> No <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	
b) _____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) _____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Service Canada delivers Human Resources and Social Development Canada (also known as 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)

Social Insurance Number

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 (<i>Check one</i>) <input type="checkbox"/> English <input type="checkbox"/> French		8B. Verbal Communications (<i>Check one</i>) <input type="checkbox"/> English <input type="checkbox"/> French			DSB START M Y	DSB END M Y	AS	
9A. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	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. 2 1	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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Old Age Security? <input type="checkbox"/> Yes <input type="checkbox"/> No		Régime de rentes du Québec? (Quebec Pension Plan?) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes			
15A. Were you married to the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No					15B. Were you still married at the time of your spouse's death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Date of marriage (<i>Please submit your marriage certificate</i>)		Year Month Day					
		When did you start living together?		Year Month Day					
16. Were you still living together at the time of your spouse's or common-law partner's death? <input type="checkbox"/> No <input type="checkbox"/> 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?							<input type="checkbox"/> Yes <input type="checkbox"/> No		
b) a disabled child of your deceased spouse or common-law partner over 18 years of age ?							<input type="checkbox"/> Yes <input type="checkbox"/> 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?							<input type="checkbox"/> Yes <input type="checkbox"/> 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 You can only use Direct Deposit for a financial institution located in Canada. For Direct Deposit to a financial institution located in the United States, please see the enclosed information sheet.

If we approve your application, would you like your benefit payment deposited directly into your account at your financial institution located in Canada?

No Yes ▶

If yes, you can attach a sample cheque from your chequing account with the word "VOID" written across it. Write your social insurance number on the back of the cheque. We will use the information on the cheque to set up your Direct Deposit. If you cannot attach a sample cheque, complete the blocks below. See the completed sample in the information sheet to guide you.

Branch Number

--	--	--	--	--	--

Institution Number

--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name(s) of account holder(s)

Area code and telephone number of financial institution ▶ () -

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

\$ _____ .00

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 REASON
M Y

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 REASON
M Y

DPND END
M Y

DSB. START
M Y

DSB. END
M Y

A.L.

DB

Social Insurance Number

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) <input type="checkbox"/> English <input type="checkbox"/> French	25B. Verbal Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French
26. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial _____ Last Name _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
27. Mailing Address (No., Street, Apt., P.O. Box, R.R.) _____ City _____		TYPE NM ADR	FOREIGN CODE
Province or Territory _____ Country other than Canada _____ Postal Code _____		CONS. CODE	NO. LNS
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			

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT ON THIS APPLICATION

Social Insurance Number

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.

Year Month Day

APPLICANT'S SIGNATURE **X**

APPLICATION DATE

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 someone other than the applicant completed this form, that person must complete this section. 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

FOR OFFICE USE ONLY

BENEFIT INFORMATION

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

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

MONETARY INFO

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

FA - CTB PERIODS

START		END		START		END	
M	Y	M	Y	M	Y	M	Y
(1)							
(2)				(3)			
(4)							

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

Application approved pursuant to the Canada Pension Plan.

Date

Effective Date

(month)

(year)

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