

## Application for a Canada Pension Plan Retirement Pension

<b>1. Social Insurance Number</b> _____	<b>2. Your given name, initial and family name</b> <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss   _____	
<b>3. Full name at birth</b> (if different from above) _____	<b>4. Date of birth</b> (YYYY-MM-DD) _____	<b>FOR OFFICE USE ONLY</b> Age established
<p><b>Important:</b> 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 considered necessary.</p>		
<b>5. Country of birth</b> (if born outside Canada) _____	<b>6. Preferred language for correspondence</b> <input type="radio"/> English <input type="radio"/> French	
<b>7. Current marital status</b> (This information may help us determine your eligibility to other benefits.) <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-law <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Surviving spouse or common-law partner		
<b>8A. Home address</b> No., Street, Apt. No., RR _____		
City, town or village _____	Province or territory _____	
Country _____	Postal code _____	<b>8B. Mailing address</b> (if different from home address) No., Street, Apt. No., PO Box, RR _____
City, town or village _____	Province or territory _____	
Country _____	Postal code _____	Telephone number during the day _____  If you are currently living outside of Canada, what was your last province or territory of residence in Canada? _____

Service Canada delivers Employment and Social Development Canada  
programs and services for the Government of Canada

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Social Insurance Number:

### 9. 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)
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Name(s) on the account	Telephone number of your financial institution
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#### Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development (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](http://www.directdeposit.gc.ca).

### 10. When do you want your pension to start?

**Important: Please read the information sheet before completing this section.**

- Select one only**
- As soon as I qualify, or  
 At the age of 65 (your pension will start the month after your 65<sup>th</sup> birthday), or  
 As of (indicate a date) \_\_\_\_\_  
YYYY-MM

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Social Insurance Number:

### 11A. Children born after 1958

(Please read the information sheet for additional details on the child-rearing provision for children born after 1958.)  
You may receive a higher pension amount if you have children born after 1958.

#### Information about the children

List all children born after December 31, 1958.

	Child's full name	Child's Social Insurance Number	Child's date of birth YYYY-MM-DD	If the child was born outside Canada, tell us the date the child entered Canada YYYY-MM-DD
1				
2				
3				
4				

If you need more room, use a separate sheet and provide the information requested above for each additional child. Sign the sheet, include your Social Insurance Number, and attach the sheet to this form.

Were you the primary caregiver for these children from birth until age seven?       Yes     No

**If no**, please list any periods of time where you were not the primary caregiver and provide a reason:

From (YYYY-MM)	To (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)
Reason: _____		Reason: _____	

Did you or your spouse or common-law partner receive Family Allowance or Canada Child Tax Benefit payments for these children?       Yes     No

**If yes**, please indicate who received the benefits:       You     Your spouse or common-law partner

List any periods of time while the children were under the age of seven and when you did **not** receive Family Allowance or Canada Child Tax Benefit payments and provide a reason. Do not list periods of time when you were eligible for the Canada Child Tax Benefit but did not receive it because your family income was too high.

From (YYYY-MM)	To (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)
Reason: _____		Reason: _____	

**Note: If you did not provide a Social Insurance Number for each child, or if any of the children were born abroad, please refer to the Information sheet under section "Children born after 1958".**

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### 11B. Waiver of rights to the child-rearing provision

To be completed only by the person who received Family Allowance payments under the *Family Allowances Act* and who wishes to waive all rights to the child-rearing provision in favour of the spouse who remained at home and who was the primary caregiver for the child(ren).

**I declare that, for the child(ren) indicated in Question 11A and on any additional sheets, I have not and will not make any claims for the child-rearing provision for the period(s) accredited to my spouse.**

Name

Social Insurance Number

\_\_\_\_\_

\_\_\_\_\_

Signature

Date (YYYY-MM-DD)

\_\_\_\_\_

\_\_\_\_\_

Telephone number during the day

\_\_\_\_\_

### 12. Voluntary income tax deduction This service is available to Canadian residents only.

Your Canada Pension Plan retirement pension 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 a dollar amount or a percentage you want us to deduct each month.

Federal Income  
Tax

Federal Income  
Tax

\_\_\_\_\_ \$ \_\_\_\_\_ %

### 13. Pension sharing

If you have a spouse or common-law partner who is at least 60 years of age, you can share your retirement pension(s) for possible tax savings. Do you want to share your pension with your spouse or common-law partner?

Yes  No  Not applicable

**If yes**, please indicate his/her Social Insurance Number:

\_\_\_\_\_

**This is not an application for pension sharing.** If you answered "yes" and we determine that you may be eligible for this provision, we will send you an application form with more information. You may also obtain the pension sharing application form on our Internet site at [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca).

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Social Insurance Number:

### 14. Benefits from other countries

If you have lived or worked in a country other than Canada, you could qualify for benefits from that country. Please provide the following information:

Country

Period:

From (YYYY-MM-DD)

To (YYYY-MM-DD)

 \_\_\_\_\_  
 Insurance Number  
 \_\_\_\_\_

Have you applied for or received a benefit from that country?     Yes     No

(If you have lived or worked in more than one country, use a separate sheet of paper.)

### 15. Disability (See the information sheet for more information)

Did you stop working because of a disability?     Yes     No

**If yes**, you may be eligible to receive a CPP disability benefit if:

- you are under the age of 65;
- you have earned a specified minimum amount and contributed to the CPP while working for a minimum number of years;
- you are deemed disabled, as defined by the CPP legislation, **before** the effective date of your retirement pension; and
- you have been receiving your CPP retirement pension for **less than 15 months**.

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Social Insurance Number:

### 16. Declaration and signature

I declare that the information on this application is true and complete.

Your personal information is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your benefit 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 your exact identification so that contributory earnings can be correctly applied to your record to allow 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. Your personal information may be shared within the Department of Employment and Social Development Canada (ESDC), with any federal institution, provincial authority or public body created under provincial law with 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 as for policy analysis, 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 about you. The 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 *CPP*, the *Privacy Act*, the *Department of Employment and Social Development 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 Canada Pension Plan Program (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: [www.canada.ca/infosource-ESDC](http://www.canada.ca/infosource-ESDC). *Info Source* may also be accessed on-line 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](http://www.priv.gc.ca/en/report-a-concern).

**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)

\_\_\_\_\_

\_\_\_\_\_

## Application for a Canada Pension Plan Retirement Pension

Social Insurance Number: \_\_\_\_\_

### 16. Declaration and signature (continued)

**Signature with a mark or by someone other than the applicant**

If you (the applicant) signed with a mark (e.g. X), the mark must be made in the presence of a witness.

If the application was signed by someone who has the authority to act on behalf of the applicant, that person must provide proof of authorization (contact us to find out what documents are required). In either situation, the witness or the person who signed the application on behalf of the applicant must provide the following information:

Name

Relationship to the applicant

\_\_\_\_\_

Address (No., Street, Apt. No., PO Box, RR)

\_\_\_\_\_

City, town or village

\_\_\_\_\_

Province or territory

\_\_\_\_\_

Country

\_\_\_\_\_

Postal code

\_\_\_\_\_

Telephone Number during the day

If the applicant signed with a mark, the witness must also sign the following declaration:

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.

**Witness's signature**

**Date (YYYY-MM-DD)**

\_\_\_\_\_

### FOR OFFICE USE ONLY

<input type="checkbox"/> Approve  <input type="checkbox"/> Deny	Effective date: _____ <div style="text-align: center;">YYYY-MM</div> <b>X</b> _____ <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>YYYY-MM-DD</span> </div>	<div style="text-align: center;">Date Stamp</div>
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Service  
Canada

# 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: **613-957-1954** (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  
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 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### BRITISH COLUMBIA AND YUKON

Service Canada  
PO Box 1177 Station CSC  
Victoria BC V8W 2V2  
CANADA

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