



Application for a Canada Pension Plan Retirement Pension

1. Social Insurance Number _____	2. Your given name, initial and family name <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss _____	
3. Full name at birth (if different from above) _____	4. Date of birth (YYYY-MM-DD) _____	FOR OFFICE USE ONLY Age established
Important: 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.		
5. Country of birth (if born outside Canada) _____	6. Preferred language for correspondence <input type="radio"/> English <input type="radio"/> French	
7. Current marital status (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		
8A. Home address No., Street, Apt. No., R.R. City, Town or Village Province or Territory Country Postal Code		
8B. Mailing address (if different from home address) No., Street, Apt. No., P.O. Box, R.R. 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 Human Resources and Skills Development Canada programs and services for the Government of Canada.

Application for a Canada Pension Plan Retirement Pension

SIN: _____

9. 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 10)
- 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(s)

Telephone number of your financial institution

You can attach an unsigned personal cheque with the word "VOID" on the front of the cheque and your Social Insurance Number written on the back.

10. When do you want your pension to start?

IMPORTANT: Please read the information sheet before completing this section.

- As soon as I qualify, or

Select one only

- At the age of 65 (your pension will start the month after your 65th birthday), or

- As of (indicate a date) _____
Year Month

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.

Application for a Canada Pension Plan Retirement Pension

SIN: _____

11A. Children born after 1958 (continued)

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 (Year Month)	To (Year Month)	From (Year Month)	To (Year Month)
-------------------	-----------------	-------------------	-----------------

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 (Year Month)	To (Year Month)	From (Year Month)	To (Year Month)
-------------------	-----------------	-------------------	-----------------

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”.

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

Application for a Canada Pension Plan Retirement Pension

SIN: _____

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)

No Yes **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.

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**.

Application for a Canada Pension Plan Retirement Pension

SIN:

16. Declaration and signature

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

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing 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 Human Resources and Skills Development Canada (HRSDC) will be unable to process your application.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

The information you provide may be shared within HRSDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of HRSDC may have entered into an agreement, and/or with non-governmental third parties for the purpose of administering the *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank HRSDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following Web site address: www.infosource.gc.ca. *Info Source* may also be accessed online at any Service Canada Centre.

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

SIN: _____

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., P.O. Box, R.R.)	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="display: flex; justify-content: space-around; width: 100%;"> Year Month </div> X _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Year Month Day </div>	Date stamp
---	--	------------



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
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

Disponible en français