



Henry Walser
FUNERAL HOME LTD.

EXECUTOR LIBRARY OF ESTATE ADMINISTRATION FORMS

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Instructions

1. Download this PDF file to your local system.
2. Open downloaded PDF file.
3. Enter information regarding deceased and executor into required fields on Pages 2 & 3.
4. Continue to the forms and fill out remaining fields.
5. Choose which forms to print.

Disclaimer

We make every attempt to keep the information on these forms current but we cannot guarantee 100% accuracy. We update these documents anytime we become aware that something may no longer be current. The **Henry Walser Funeral Home** assumes no responsibility or liability for anyone who chooses to download and make use of these forms. Should you become aware of any errors or needed edits to any of these forms, please do let us know.

Questions?

If you have any questions about this form or the submission procedure please do not hesitate to contact us by email, phone or visit our location listed below.

The Henry Walser Funeral Home
507 Frederick St, Kitchener, ON N2B 2A5
519.749.8467 | henrywalserfuneralhome@henrywalser.ca



The Deceased

Fill out the following fields about the individual who has passed away.

Last Name

First Name

Middle Initial

Gender

male female

Marital Status at Time of Death

single married separated common law
surviving spouse or common law partner divorced

Title

Mr Mrs Ms Miss

Date of Birth

Year Month Day

Date of Death

Year Month Day

Province of Birth

Country of Birth

Place of Death

Social Insurance Number

Address at Time of Death

Street Address

City

Province / Territory

Postal Code

The Henry Walser Funeral Home
507 Frederick St, Kitchener, ON N2B 2A5
519.749.8467 | henrywalserfuneralhome@henrywalser.ca



Executor / Informant / Applicant

Fill out the following fields about the individual acting as the primary executor.

Last Name

First Name

Middle Initial

Communication Preference

English

French

Daytime Phone Number

Address

Street Address

City

Province / Territory

Postal Code

Please continue filling out additional details on the forms below

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507 Frederick St, Kitchener, ON N2B 2A5
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Request for the Canada Revenue Agency to update records

Complete the information below concerning the deceased.

Name of deceased: _____

Deceased's social insurance number: _____

The deceased's date of birth: Year _____ Month _____ Day _____

The deceased's date of death: Year _____ Month _____ Day _____

Deceased's address: _____

Complete the applicable information below concerning the surviving spouse or common-law partner

- Please reassess the surviving spouse's or common-law partner's return to allow a claim for the GST/HST credit if the death occurred in 2013 or a prior year.

Name of surviving spouse or common-law partner: _____

Surviving spouse's or common-law partner's social insurance number: _____

Signature of surviving spouse or common-law partner: _____ Date: _____

Your name: _____ Your telephone number: _____

Your address: _____

Your relationship to the deceased*: _____

*In addition to any personal relationship you may have had with the deceased, please specify whether you are the executor, administrator, or liquidator, or if you are acting in some other capacity.

Mail this form to the deceased's tax centre. You can find the mailing addresses of our tax centres, at www.cra.gc.ca/cntct/prv/txcntr-eng.html.

Personal information, including the social insurance number, is collected under the *Income Tax Act* to assess individual income tax for the federal government and the provinces and territories. It can be used for audit, compliance, or evaluation purposes and shared or verified with other federal and provincial/territorial government institutions. Failure to provide the information may result in interest payable, penalties, or other actions. Under the *Privacy Act*, individuals have a right to and shall, on request, be given access to their personal information and to request correction of it; refer to InfoSource (www.infosource.gc.ca), personal information bank CRA PPU 005.

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
2A. Sex <input type="radio"/> Male <input type="radio"/> Female			DATE OF DEATH ESTABLISHED
2B. Date of Death (See the information sheet for a list of acceptable proof of date of death documents) YYYY-MM-DD			
3. Marital status at the time of death (See the information sheet for important information about marital status)			
		Single	Married
		Common-law	Divorced
		Separated Surviving spouse or common-law partner	
4A. <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.

Social Insurance Number:

PROTECTED B (when completed)

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. <input type="radio"/> Mr. <input type="radio"/> Mrs. First Name and Initial _____	Last Name _____	
<input type="radio"/> Ms. <input type="radio"/> Miss		
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. <input type="radio"/> Mr. <input type="radio"/> Mrs. First Name and Initial _____		Last Name _____	
<input type="radio"/> Ms. <input type="radio"/> Miss			
14. Relationship of applicant to the deceased	Your Language Preference	Written Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French	Verbal Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> 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	

Social Insurance Number:

PROTECTED B (when completed)

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.

Information Sheet for the Notification of Death Form

Getting Started

This sheet will help you to complete the Notification of Death Form. This form is used to notify Service Canada of the death of a Canada Pension Plan (CPP) and / or Old Age Security (OAS) beneficiary to stop the payment of CPP and / or OAS benefits in order to avoid overpayment.

You can fill in this form online, but you cannot submit it electronically. Complete the form on-screen. You must then print, sign and return it by fax.

If you do not have access to a fax machine and you are in Canada or the United States, you can phone our toll-free number 1-800-277-9914 for assistance. For people with speech or hearing impairments using a teletypewriter device (TTY), call 1-800-255-4786 for assistance. If you are living outside Canada or the United States, you can contact your nearest social security office or International Operations at 613-957-1954 for assistance.

Information About the Deceased

Fill in the information about the deceased. It is important to complete the entire form including the Social Insurance Number.

Consent to Release Information About the Deceased

The person who is filling out the form on behalf of the deceased must complete and sign this section of the form. Completing and signing this section of the form allows information about the deceased to be released to Service Canada.

Notification Submitted by

The organization or person submitting the notification must complete and sign this section of the form. If it is the same person who signed the "Consent to release information about the deceased" section, a duplicate signature is required.

Once completed, the form can be faxed to the nearest processing centre:

British Columbia	866-396-6247	Quebec	877-748-2470
Alberta / Northwest Territories / Nunavut	780-495-2263	New Brunswick	506-452-3459
Manitoba / Saskatchewan	877-505-6107	Nova Scotia	902-536-4163
Ontario	800-695-4012	Prince Edward Island	902-566-7841
		Newfoundland and Labrador	709-772-2447

Notification of Death Form for Canada Pension Plan and Old Age Security For Completion by the Funeral Service Provider or Survivors of the Deceased

The purpose of this form is to notify Service Canada of the death of a Canada Pension Plan (CPP) and / or Old Age Security (OAS) beneficiary to stop the payment of a CPP and / or OAS benefit in order to avoid overpayment.

There is no obligation to have the funeral service provider complete and send in this form. Should you wish to personally notify Service Canada or if you have any questions, please call:

1-800-277-9914 (English)

1-800-277-9915 (French)

1-800-255-4786 (TTY)

Information About the Deceased (please print)

Social Insurance Number:

Mother's maiden name (if known):

Last name:

Next of Kin - Full name and mailing address (if known):

First name and initial:

Date of birth:

YYYY MM-DD

Date of death:

YYYY-MM-DD

Place of death:

City / Province

(Country - if outside Canada)

Consent to Release Above Information About the Deceased (please print)

I give my consent to release the above information about the deceased to Service Canada

Information provided by: Full name and mailing address:

Relationship to the deceased (please check one(s) that apply):

Spouse

Common-law partner

Executor

Other (please specify)

Telephone Number:

Signature: X

Date (YYYY MM-DD):

Notification Submitted by (please print)

Name of Funeral Service Provider or
other Organization / Individual:

Telephone Number:

Signature: X

Date (YYYY-MM-DD):

The collection and use of personal information for this service is authorized by the *Canada Pension Plan and Old Age Security Acts*. All information collected by Service Canada is protected under the federal *Privacy Act* and will remain confidential. We may disclose it where we are authorized to do so under the *CPP and OAS Acts*.

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

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
2A. Sex <input type="radio"/> Male <input type="radio"/> Female	2B. 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"/> Surviving spouse or common-law partner <input type="radio"/> Divorced			
4A. <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	
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

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

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. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		Usual first name and initial		Last name			
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.						14. Are you disabled? <input type="radio"/> Yes <input type="radio"/> No	
15A. 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							
15B. Were you still married at the time of your spouse's death? <input type="radio"/> Yes <input type="radio"/> No				15C. 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					
16A. If you were the common-law partner of the deceased, when did you start living together? YYYY-MM-DD				16B. 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					

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? Yes No

b) a disabled child of your deceased spouse or common-law partner **over 18 years of age**? Yes 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? Yes 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. 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
_____		_____

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.

19. 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

20. 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 <input type="radio"/> Male <input type="radio"/> Female	Date of birth (YYYY-MM-DD)	Social Insurance Number	
Is the child in your care and custody since birth? <input type="radio"/> Yes <input type="radio"/> No If no , please indicate since when: YYYY-MM-DD		Is the child still in your care and custody? <input type="radio"/> Yes <input type="radio"/> No If no , please provide a letter of explanation.	
Is the child a:			
<input type="radio"/> child of your deceased spouse or common-law partner	<input type="radio"/> legally adopted child of your deceased spouse or common-law partner	<input type="radio"/> other (Explain circumstances in the space provided on page 6 of this application)	

FOR OFFICE USE ONLY	AGE ESTABLISHED
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b) Child's usual first name and initial		Last name	
Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (YYYY-MM-DD)	Social Insurance Number	
Is the child in your care and custody since birth? <input type="radio"/> Yes <input type="radio"/> No If no , please indicate since when: YYYY-MM-DD		Is the child still in your care and custody? <input type="radio"/> Yes <input type="radio"/> No If no , please provide a letter of explanation.	
Is the child a: <input type="radio"/> child of your deceased spouse or common-law partner <input type="radio"/> legally adopted child of your deceased spouse or common-law partner <input type="radio"/> other (Explain circumstances in the space provided on page 6 of this application)			

FOR OFFICE USE ONLY	AGE ESTABLISHED
----------------------------	-----------------

21. 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

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

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 questions 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="radio"/> English <input type="radio"/> French	25B. Verbal communications (Check one) <input type="radio"/> English <input type="radio"/> French
26. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Usual first name and initial		Last name
27. Mailing address (No., Street, Apt., P.O. Box, R.R.)		City	
Province or territory		Country other than Canada	Postal code
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			

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.

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)

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)

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
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.

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 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

Application for the Guaranteed Income Supplement or Statement of Income for Payment Period of

A Name and Address

B Social Insurance Number

Area code Telephone number

C Marital Status - You must check (X) one box: (See information sheet for more information.)

- Married** Full name of spouse or common-law partner (if applicable) Give the date of the marriage (submit marriage certificate) or commencement of the common-law union. (See instruction sheet.) YYYY - MM - DD
- Common-Law** Address of spouse or common-law partner, same as A **or** If you are separated from your spouse or common-law partner, please give the date of separation. If you are living apart for reasons beyond your control, see instruction sheet. YYYY - MM
- Separated** Address If you are separated from your spouse or common-law partner, please give the date of separation. If you are living apart for reasons beyond your control, see instruction sheet. YYYY - MM
- Surviving spouse (widow/widower) or surviving C/L partner** City Province or Territory Postal code If you are separated from your spouse or common-law partner, please give the date of separation. If you are living apart for reasons beyond your control, see instruction sheet. YYYY - MM
- Divorced** Spouse's or common-law partner's Social Insurance Number Social Insurance Number If your spouse or common-law partner is deceased, please give date of death. YYYY - MM - DD
- Single** Spouse's or common-law partner's date of birth (if applicable) YYYY - MM - DD If your spouse or common-law partner is deceased, please give date of death. YYYY - MM - DD

D Residence Statement Were you or your spouse or common-law partner (if applicable) absent from Canada for more than 6 consecutive months within the last 18 months? Yes No

E 2016 Income (Do not include Canadian Old Age Security, Guaranteed Income Supplement or Allowance payments.) **Your Income** **Spouse or Common-Law Partner (if applicable)**

	Your Income	Spouse or Common-Law Partner (if applicable)
1 Canada Pension Plan or Quebec Pension Plan benefits (Do not include Death or Child benefit)		
2 Other pension income (superannuation, RRIF's, foreign pension, etc.)		
From Canadian sources: \$		
From foreign sources: \$		
3 Employment insurance		
Workers' compensation benefits \$		
4 Interest and other investment income		
5 Taxable Canadian dividends and capital gains		
Eligible and other than eligible dividends \$		
Capital gains \$		
6 Net rental income		
7 Net employment income (after allowable deductions)		
8 Net self-employment income		
9 Other income (specify source and amount):		
10 Total (If you have no income, write "0")		

F If you or your spouse or common-law partner retired from work after January 1, 2015 or will retire from work before June 30, 2018, insert date: You YYYY - MM - DD Spouse or Common-Law Partner YYYY - MM - DD

If you or your spouse or common-law partner had a reduction in pension income* after January 1, 2015 or will have a reduction in pension income before June 30, 2018, insert date: You YYYY - MM - DD Spouse or Common-Law Partner YYYY - MM - DD

G I/We hereby apply for the Guaranteed Income Supplement or submit my/our income statement for the Allowance or Allowance for the Survivor. I/We declare that, to the best of my/our knowledge the information on this application is true and complete. I/We realize that my/our personal information is governed by the Privacy Act and may be disclosed, where authorized, under the Old Age Security Act.
 Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the Old Age Security Act, or may be charged with an offence. An benefits ou received or obtained to which there was no entitlement would have to be re-aid.

Signatures GIS or Allowance for the Survivor applicant Spouse or common-law partner (if applicable) Date (YYYY - MM - DD)

H If one or both sign with a mark, a witness (friend, member of the family, etc.) must complete this section.
 Name Relationship Telephone Number Date (YYYY - MM - DD)
 Address Signature

FOR OFFICE USE ONLY

Effective date: Certified by: Date:

**Comparison between Guaranteed Income Supplement Application and
Canada Revenue Agency Income Tax and Benefit Return**

Block	3025 Application	Line	CRA information
1	CPP/QPP benefits (do not include Death Benefit)	114	CPP or QPP benefits
2	Other pension income (i.e., superannuation, RRIF, foreign pension)	115 116	Other pensions or superannuation Elected split pension income
3	Employment Insurance and Workers' compensation benefits	119 144	Employment Insurance and other benefits Workers' compensation benefits
4	Interest and other investment income	121	Interest and other investment income
5	Taxable Canadian dividends and capital gains	120 127	Taxable amount of dividends Taxable capital gains
6	Net rental income	126	Rental income
7	Net employment income Less allowable deductions	101 104 - 308 312	Employment income Other employment income <i>minus</i> CPP/QPP contributions (employment), EI premiums and maximum of \$3,500 (result cannot be negative)
8	Net self-employment income Less allowable deductions	135 137 139 141 143 - 222 310 317	Net business income Net professional income Net commission income Net farming income Net fishing income <i>minus</i> Deduction for CPP/QPP contributions CPP/QPP contributions (self-employment) EI premiums
9	Other Income Less other deductions	122 128 129 130 - 207 208 209 210 212 214 215 217 219 220 221 223 224 229 231 232	Net partnership income Support payments RRSP income Other income <i>minus</i> RPP deduction RRSP deduction Saskatchewan pension plan Elected split pension income Annual dues (i.e., union) Child care expenses Disability supports Business investment loss Moving expenses Support payments made Carrying charges QPIP premiums Exploration expenses Other employment expenses Clergy residence deduction Other deductions

* Pension Income includes: Superannuation or pension payments; Registered Retirement Income Funds (RRIF's); Life Income Funds; foreign pensions; annuity payments; alimony; maintenance payments; Employment Insurance benefits; disability benefits from an insurance plan; Workers Compensation benefits (CSST in Quebec); government assistance programs; Canada Pension Plan or Quebec Pension Plan benefits (excluding lump-sum death benefit).