

## Required Information – Surviving Spouse

<b>THE SURVIVING SPOUSE</b>		Full Name	
Full Name at Birth (if different from current name)			
Full Name on SIN card (if different from current name)			
SIN		Phone Number	
Date of Birth		Place of Birth	
Mailing Address			
City/Town		Province	Postal Code
Physical Address (if different from above)			
City/Town		Province	Postal Code
Did the spouse receive or apply for any of the following:			
Canada Pension Plan		Yes	No
Old Age Security		Yes	No
Quebec Pension Plan		Yes	No
Was the spouse still living with the deceased?		Yes	No
Date of Marriage			
<b>Direct Deposit Information</b>		Financial Institution Telephone Number	
Branch # (5 Digits)		Institution # (3 Digits)	Account # (max 12 digits)
Name(s) on account			
<b>Sharing Information with CRA</b>		I agree    I do not agree    with both statements below.	
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.			
<b>Voluntary Income Tax Deduction</b> “Your Canada Pension Plan benefit is a taxable income. If we approve your application, would you like us to deduct federal income tax from your monthly payment? If yes, indicate the dollar amount or percentage you want us to deduct each month”			
Yes    No		Federal Income Tax \$	Federal Income Tax %
<b>Children of the Deceased</b>		Does the deceased have children:	
Under the age of 18?    Yes    No		Between the ages of 18 and 25 attending full-time school?    Yes    No	
<b>THE APPLICANT</b> (if not spouse)		Full Name	
SIN		Telephone Number	
Mailing Address			
City/Town		Province	Postal Code