

The information provided on this form is collected under the authority of the Income and Employment Supports Act or the Child, Youth and Family Enhancement Act and is in accordance with the Freedom of Information and Protection of Privacy Act.

Request for Estimate - Canada Pension Plan Death Benefit

Section 1 - Details of the deceased

Name of the deceased	Gender	Date of death yyyy mm dd	Social Insurance Number
Place of death (address at time of death)	(city / town / municipality)		Marital status at time of death
Place of birth (if known)	Date of birth yyyy mm dd		Maiden name (if applicable)
Name of funeral service business		FAX number ()	

Section 2 - Request from Executor and/or Nearest relative of the deceased (if not applicable, go to Section 3)

In the matter of the estate of the above mentioned: As the (check one) <input type="checkbox"/> Executor <input type="checkbox"/> Nearest relative of the deceased, I am making the funeral arrangements. Please provide an estimate of the Canada Pension Plan Death Benefit payable to the estate so arrangements for burial and/or cremation may be completed. Please enter the estimate below and FAX the information to the Alberta Human Resources and Employment (AHRE) worker as indicated below the completed estimate.			
I certify that no other individual is authorized to claim the Canada Pension Plan Death benefit for the above mentioned estate.	Signature of Executor and/or Nearest relative X		
Name of Executor and/or Nearest relative of the deceased		Date yyyy mm dd	
Address of Executor/Relative		Social Insurance Number	
Relationship to the deceased			
Signature of witness X		Date yyyy mm dd	

CPP FAX No.: 780-495-2263 Phone No.: 1-800-277-9914

Section 3 - To be completed by Canada Pension Plan staff

Estimated CPP Death Benefit payable to the estate of the above mentioned is: \$ _____ The estimate is based on the most recent Income Tax returns that have been filed. A formal application must be submitted before the benefit can be paid.		
CPP staff signature X	CPP staff name (PLEASE PRINT)	Date yyyy mm dd

Please FAX the Canada Pension Plan Death Benefit estimate to:

AHRE Worker's name (PLEASE PRINT)	AHRE Service Centre	FAX number ()
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