

The information you provide on this form is collected under the authority of the Assured Income for the Severely Handicapped Act, in compliance with the Freedom of Information and Protection of Privacy Act, and will be used to determine and verify eligibility for AiSH benefits. This information may be matched and verified with other sources, agencies and governments. If you have any questions about the collection of this information, please contact the worker.

## Request for Estimate - Canada Pension Plan Death Benefit

Please print.

Section 1 - Details of the Deceased			
Name of the deceased (last name) (first name) (middle name)	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 Next of Kin of the deceased	
<p><b>In the matter of the estate of the above mentioned:</b> <span style="float: right;">Check if No Next of Kin <input type="checkbox"/></span></p> <p>As the (check one) <input checked="" type="checkbox"/> Executor <input type="checkbox"/> Next of Kin of the deceased, I am making the funeral arrangements.</p> <p>Please provide an <b>estimate</b> of the Canada Pension Plan Death Benefit payable to their estate so arrangements for burial and/or cremation may be completed. Please enter the <b>estimate</b> below and FAX the information to the AiSH worker (Alberta Seniors and Community Supports) as indicated below.</p>	
<p>I certify that no other individual is authorized to claim the Canada Pension Plan Death benefit for the above mentioned estate.</p>	<p>Signature of Executor and/or Next of Kin X</p> <p>Date yyyy mm dd</p>
Name of Executor and/or Next of Kin of the deceased (last name) (first name) (middle name)	Social Insurance Number
Address of Executor/Next of Kin	
Relationship to the deceased	
Witness name (PLEASE PRINT)	Signature of witness X
Date yyyy mm dd	

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

Section 3 - To be completed by Canada Pension Plan staff		
<p><b>Estimated</b> CPP Death Benefit payable to the estate of the above mentioned is: \$ _____</p> <p>The <b>estimate</b> 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.</p>		
CPP staff signature X	CPP staff name (PLEASE PRINT)	Date yyyy mm dd

**Please FAX the Canada Pension Plan Death Benefit estimate to:**

Worker's name (PLEASE PRINT)	AISH Office	FAX number ( )
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