



Application For Statement of Contributions Canada Pension Plan

This application may only be submitted and signed by the contributor or his/her legal representative. Pursuant to Section 96 of the Canada Pension Plan, I hereby apply to be informed of the amount of my contributions and my unadjusted pensionable earnings shown on my account in the record of earnings.

It is very important that you:

- use a **pen** and **print** as clearly as possible.

Social Insurance Number Must Be Provided			
Your Language Preference	1A. Written Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French	1B. Verbal Communications (Check one) <input type="checkbox"/> English <input type="checkbox"/> French	1C. Date of Birth Year Month Day
2A.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Usual First Name and Initial	Last Name
2B.	Name at birth, if different from 2A. (e.g. maiden name, legal name change, etc.)	First Name and Initial	Last Name
2C.	Name on social insurance card, if different from 2A.	First Name and Initial	Last Name
3.	Mailing Address (No., Street, Apt., P.O. Box, R.R.)		City
Province or Territory		Country	Postal Code
4.	Applicant's Signature Is Mandatory	Date of Application	Area code and telephone number
X		Year Month Day	

QUESTIONS OR COMMENTS?

PLEASE RETURN
YOUR COMPLETED
FORM TO:



**Contributor Information Management
Canada Pension Plan
P.O. Box 9750
Postal Station T
Ottawa, Ontario
K1G 4A6**

Ce formulaire est disponible en français - ISP-2000F