# **Application for Survivors' Benefits**

There are **three types of survivors' benefits** that can be paid following the death of a person who contributed sufficiently to the Québec Pension Plan:

- death benefit;
- surviving spouse's pension;
- orphan's pension.

### **Death benefit**

The maximum death benefit is 2 500 \$. It is taxable and must be declared in the estate's income tax return in most cases.

It is paid on a priority basis to the person or benevolent society that paid the funeral expenses if an application is filed within 60 days following the death. Proof of payment must also be provided to the Régie within 60 days.

After the 60 days, the benefit can also be paid to the heirs or, if there are no heirs, to certain other persons, if they file an application.

### Surviving spouse's pension

The surviving spouse's pension is paid monthly. The amount of the pension depends on the contributions that the deceased person made to the Québec Pension Plan. It can be paid to the deceased's spouse by marriage, de facto spouse or spouse by civil union. In some circumstances, it can also be paid to the deceased's legally separated spouse.

### **Orphan's pension**

The orphan's pension is a monthly pension of a set amount. It is paid to the person who is responsible for a child of the deceased, **if the child was under 18 at the time of the death**. The following children are eligible:

- a child of the deceased, whether or not they lived together;
- a step-child of the deceased who lived with the deceased;
- any other child who lived with the deceased or whom the deceased supported.

Payment of the orphan's pension ends when the child turns 18.

#### Please note that the surviving spouse's pension and the orphan's pension:

- are payable as of the month following the death;
- can be paid retroactively. A maximum of 12 months can be paid retroactively so you must apply as soon as possible after the death;
- are adjusted in January of each year, based on the increase in the cost of living;
- are taxable.

### How to apply

You must apply for these benefits by filling out the necessary sections of this form. See the instructions on the other side of this page.

This form is available on our Internet site (www.rrq.gouv.qc.ca) and can be completed on screen.

### Work outside Canada

If a person participated in a social security plan of a country with which Québec has an agreement, the person's spouse or children may be entitled to survivors' benefits from that country.

### For more information

| By Internet: | www.rrq.gouv.qc.ca | By telephone: | Québec region: (418) 643-5185                    |
|--------------|--------------------|---------------|--|
|              |                    |               | Montréal region: (514) 873-2433                  |
|              |                    |               | Toll-free: 1 800 463-5185                        |
|              |                    |               | Service for the hearing impaired: 1 800 603-3540 |
|              |                    |               |  |

## INSTRUCTIONS

This form must be used to apply for any of the 3 types of survivors' benefits. There are 4 detachable sections.

1. You must answer all the questions in **PART I: Information about the deceased**.

2. Complete **PARTS II, III or IV** depending on the type of benefits for which you are applying.

PART II - Application for a death benefit PART III - Application for a surviving spouse's pension PART IV - Application for an orphan's pension

3. Be sure to sign in the required spaces.

4. Send PART I and PART II, III or IV depending on the situation, and any required documents to:

Régie des rentes du Québec Case postale 5200 Québec (Québec) G1K 7S9

**IMPORTANT**:

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## Application for Survivors' Benefits

## PART I INFORMATION ABOUT THE DECEASED

|   | Please p                        | vrint                                  |  |              | ceased's social                |          |             |                              |  |
|---|---------------------------------|--|--|--------------|--------------------------------|----------|-------------|------------------------------|--|
| 1 | Sex                             | Family name of the                     | deceased                                   | Give         | en name                        |          |             |                              |  |
| • | □ F                             | r anny hame of the                     |  |              |                                |          |             |                              |  |
|   | ш'<br>   М                      | His or her family na                   | ame at birth, if different                 | Give         | en name at birth, if diffe     | erent    |             |                              |  |
|   |                                 |  |  |              |                                |          |             |                              |  |
|   | Date of                         |  | Place of birth                             | I            |                                |          |             |                              |  |
|   | year                            | month day                              | city                                       |              | province                       |          | country     |                              |  |
|   | Date of                         |  | Place of death                             |              |                                |          |             |                              |  |
|   |                                 |  | city                                       |              | province                       |          | country     |                              |  |
|   | His or h                        | er mother's family na                  | ame at birth                               | His          | His or her mother's given name |          |             |                              |  |
|   | His or her father's family name |  |  |              | His or her father's given name |          |             |                              |  |
|   |                                 |  |  |              |                                |          |             |                              |  |
| 2 | His or h                        | er permanent addres                    | ss at time of death (number, street, apa   | urtment)     |                                |          |             |                              |  |
|   |                                 |  |  | ,            |                                |          |             |                              |  |
|   | City                            |  | Province                                   |              | Country                        |          | Postal code | ;                            |  |
|   | -                               |  |  |              |                                |          | [           |                              |  |
|   | If the de                       | eceased person was                     | living outside Canada, indicate his        | s or her las | st province of residence       | e in Car | nada.       | · · ·                        |  |
|   |                                 |  |  |              |                                |          |             |                              |  |
| 3 | Docoas                          | od porcon's marital a                  | status <b>at the time of his or her de</b> | ath (Cho     | ck 1 box only)                 |          |             |                              |  |
| J |                                 | -                                      |  |              | ck i box only.)                |          |             |                              |  |
|   |                                 |  |  |              |                                |          |             |                              |  |
|   |                                 |  |  | year         | month day                      |          |             |                              |  |
|   | marr                            |  | Date of marriage                           |              |                                |          |             |                              |  |
|   |                                 | lly separated                          | Date of separation                         |              |                                |          |             |                              |  |
|   | divo                            | rced                                   | Date of divorce                            |              |                                |          |             |                              |  |
|   |                                 | union<br>ot confuse with de facto unio | Date of the civil union<br>on.)            |              |                                |          |             |                              |  |
|   | disso                           | olved civil union                      | Date of dissolution                        |              |                                |          |             |                              |  |
|   |                                 |  |  |              |                                |          |             |                              |  |
| 4 | Did the                         | deceased person ta                     | ke part in the social security plan of     | of a countr  | y other than Canada?           |          |             |                              |  |
|   | 🗌 No                            | Yes, in the follo                      | owing country or countries                 |              |                                |          |             |                              |  |
|   | Fore                            | ign social security n                  | umbers                                     |              |                                |          |             |                              |  |
|   |                                 |  |  |              |                                |          | E           | <b>1/8</b><br>3-042A (04-10) |  |

|   |  |                  | Inform                           | nation about chil                               | drop   |              |                           |             |            |
|---|--|------------------|----------------------------------|---|--|--------------|---------------------------|-------------|------------|
|   | A D'111 1 11                                     |                  |                                  |   |  |              |                           |             |            |
|   | A. Did the deceased have after that date?        | e children born  | after 31 De                      | cember 1958 or did r                            | ie or she be   | ecome res    | ponsible to               | r childre   | n born     |
|   | 🗌 Yes. Go t                                      | о В.             |                                  |   | o apply for a<br>to apply for<br>to apply for                              | a survivir   | ng spouse's               |             | n,         |
|   | B. The following situation                       |                  |                                  | entitlement to a pens                           | sion or incre  | ease the a   | imount:                   |             | .f:+\.     |
|   |  |                  |                                  | hild (Québec family a<br>cause the family incon |  |              |                           | ax Delle    | ent),      |
|   | Did the deceased rece<br>did not, was it because |                  |                                  |   |  |              |                           | 1958? If    | he or she  |
|   | Yes. Complete the f                              |                  | n 6.)                            |   | <ul> <li>II to apply</li> <li>III to apply</li> <li>IV to apply</li> </ul> | y for a sur  | viving spou               |             | nsion,     |
|   |  | Informa          | tion about                       | children born after 3                           | 31 Decemb  | er 1958      |                           |             |            |
|   | 1st child - Family na                            | me at birth      |                                  | Given name                                      |  | Da           | ate of birth              | month       | day        |
|   | Place of birth (province                         | , country)       | Date of adopt<br>(if applicable) | ion or date child became a<br>year              | dependent<br>month   | Date of deat | h (if death occu          | irred befor | e age 7)   |
|   | Child born<br>outside<br>Canada                  | arrival in Canac | da Pro                           | vince of residence up                           | oon arrival i  | n Canada     |                           |             |            |
|   | 2nd child - Family na                            | me at birth      |                                  | Given name                                      |  | Da           | ate of birth              | month       | day        |
|   | Place of birth (province                         | , country)       | Date of adopt<br>(if applicable) | ion or date child became a<br>year              | dependent<br>month   | Date of deat | h (if death occu          | irred befor | e age 7)   |
|   | Child born<br>outside<br>Canada                  | arrival in Canac | da Pro                           | vince of residence up                           | oon arrival i  | n Canada     |                           |             |            |
|   | 3rd child - Family na                            | me at birth      |                                  | Given name                                      |  | Da           | ate of birth              | month       | day        |
|   | Place of birth (province                         | , country)       | Date of adopt<br>(if applicable) | ion or date child became a<br>year              | dependent<br>month   | Date of deat | h (if death occu<br>month | irred befor | e age 7)   |
|   | Child born<br>outside<br>Canada                  | arrival in Canac | da Pro                           | vince of residence up                           | oon arrival i  | n Canada     |                           |             |            |
|   | C. Between the birth and                         |                  | ly of each cl                    | hild, were there any p                          |  | -            | •                         | fits were   | e not paid |
|   | in the deceased's nam                            | ne?              |                                  |   |  | Yes 🗌 I      | No                        |             |            |
| Г |  | Leaffer A. M.    |                                  | Other information                               |  |              |                           |             |            |
| 6 | Use this space if needed.                        | Indicate the q   | uestion num                      | ber concerned for ea                            | ach answer   | given her    | е.                        |             |            |
|   |  |                  |                                  |   |  |              |                           |             |            |
|   |  |                  |                                  |   |  |              |                           |             |            |
|   |  |                  |                                  |   |  |              |                           |             |            |
|   |  |                  |                                  |   |  |              |                           |             |            |

# PART II APPLICATION FOR A DEATH BENEFIT

|   | Deceased's social insurance number   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| 7 | Please indicate in what capacity you are applying for the death benefit. (Check only 1 box.)   |  |  |  |  |  |  |  |  |  |
|   | If you check <b>A</b> , the cheque will be issued in your name for the amount of the funeral expenses paid (maximum 2 500 \$);<br><b>B</b> , <b>C</b> or <b>D</b> , the cheque will be made out to the "Heirs of (name of deceased)" at least 60 days after the death;<br><b>E</b> , the cheque will be made out to the benevolent society that paid the funeral expenses. |  |  |  |  |  |  |  |  |  |
|   | <ul> <li>A. Person who paid the funeral expenses.</li> <li>Provide proof of payment of the funeral expenses (receipts) with this application or within 60 days following the death. The receipts must be made out in your name. Go to section 8.</li> </ul>  |  |  |  |  |  |  |  |  |  |
|   | B. Heir. Go to section 8B.   |  |  |  |  |  |  |  |  |  |
|   | C. Liquidator of the estate (executor named in the will, or if there is no will, the person named by the heirs).<br>Go to section 9.   |  |  |  |  |  |  |  |  |  |
|   | <b>D</b> . <b>Professional mandated</b> to settle the estate. Go to section 10.  |  |  |  |  |  |  |  |  |  |
|   | <ul> <li>E. Benevolent society that paid the funeral expenses.</li> <li>The benevolent society must be recognized by the Canada Customs and Revenue Agency. You must provide proof of payment (receipts) made out in the name of the organization within 60 days following the death. Go to section 10.</li> </ul>   |  |  |  |  |  |  |  |  |  |
|   | Go to section 10.  |  |  |  |  |  |  |  |  |  |
| 8 | If the funeral expenses were less than the death benefit, the balance can be paid to the heirs, or if there are no heirs, to   |  |  |  |  |  |  |  |  |  |
| Ŭ | certain other persons. Provide the following information:  |  |  |  |  |  |  |  |  |  |
|   | A. Are you an heir?  |  |  |  |  |  |  |  |  |  |
|   | B. Did you renounce the estate?  |  |  |  |  |  |  |  |  |  |
|   | C. What was your relationship to the deceased?   |  |  |  |  |  |  |  |  |  |
|   | Information about the applicant  |  |  |  |  |  |  |  |  |  |
| 9 | If you are the surviving spouse and you are also applying for a surviving spouse's pension (PART III), you do not have to complete this section. Go to section 11.   |  |  |  |  |  |  |  |  |  |
|   | Sex Family name Given name   |  |  |  |  |  |  |  |  |  |
|   | Social insurance number Date of birth  |  |  |  |  |  |  |  |  |  |
|   | Address  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
|   | Telephone area code  |  |  |  |  |  |  |  |  |  |
|   | home extension   |  |  |  |  |  |  |  |  |  |
|   | Go to section 11. 3/8  |  |  |  |  |  |  |  |  |  |



| 10 | Complete this section only if you are applying as the profession    | onal mandated                | to settle the estate or for | a benevolen | t society. |  |
|----|---|------------------------------|-----------------------------|-------------|------------|--|
|    | Family name of the professional or the representative of the        | Given name                   |                             |             | Sex        |  |
|    | benevolent society  |                              |                             |             | ΠF         |  |
|    |   |                              |                             | Μ           |            |  |
|    | Name of the benevolent society                                      | Registration I               | number                      |             |            |  |
|    | Address (benevolent society or professional mandated to set         | ttle the estate) Postal code |                             |             |            |  |
|    |   |                              |                             |             |            |  |
|    | area code   |                              | ence                        |             |            |  |
|    | Telephone                   extension                               |                              | French                      | 🗌 English   |            |  |
|    | Declaration a   | nd signatur                  | e                           |             |            |  |
| 11 | 11 I declare that all the information provided is true and correct. |                              |                             |             |            |  |
|    |   |                              | year                        | month day   |            |  |
|    | Signature X   |                              | Date                        |             |            |  |
|    |   |                              |                             |             | 4/8        |  |

To apply for a surviving spouse's pension, complete PART III. To apply for an orphan's pension, complete PART IV.

## PART III APPLICATION FOR A SURVIVING SPOUSE'S PENSION

|    |   |                                       |                             |          | Deceased's social insurance number |               |             |       |  |
|----|---|---------------------------------------|-----------------------------|----------|------------------------------------|---------------|-------------|-------|--|
|    |   | li                                    | nformation about t          | he su    | rviving spouse                     |               |             |       |  |
| 12 | Sex   | Your family name                      |                             | -        | given name                         |               |             |       |  |
|    | F   |                                       |                             |          |                                    |               |             |       |  |
|    | M   | Your family name at birth, if o       | lifferent                   | Your     | given name at birth, if dif        | ferent        |             |       |  |
|    | Your date of birth Your place of birth      |                                       |                             |          |                                    |               |             |       |  |
|    | year month day city                         |                                       |                             |          | province                           |               | country     |       |  |
|    | Your so                                     | cial insurance number   Lang          | uage of correspondence      | е        | province                           |               | country     |       |  |
|    |   |                                       |                             | Frer     |                                    |               |             |       |  |
|    | Your mo                                     | ther's family name at birth           |                             |          | Your mother's given nan            | ne            |             |       |  |
|    | Your fat                                    | her's family name                     |                             |          | Your father's given name           |               |             |       |  |
|    | iour iuu                                    |                                       |                             |          |                                    |               |             |       |  |
|    |   |                                       | Inform                      | natio    | n                                  |               |             |       |  |
| 13 | Your pe                                     | rmanent address at the time           | of the death                | Your     | current address, if differe        | ent           |             |       |  |
|    | City  |                                       |                             | City     |                                    |               |             |       |  |
|    |   |                                       |                             |          |                                    |               |             |       |  |
|    | Provinc                                     | e                                     |                             | Province |                                    |               |             |       |  |
|    | Country                                     | 1                                     | Postal code                 | Coun     | htry                               |               | Postal cod  | ۵     |  |
|    | oounny                                      |                                       |                             |          | ,                                  |               |             |       |  |
|    | Telepho                                     | ne area code                          |                             | area c   | code                               |               |             |       |  |
|    | home  |                                       | ı ı ı other                 |          | <u>.    </u>                       | l ext         | tension   I |       |  |
| 14 | At the                                      | time of death, what was you           | r relationship to the dec   | eased    | ? (Check only 1 box.)              |               |             |       |  |
|    |   | nad been married since                | year month day              |          |                                    |               |             |       |  |
|    |   | e of marriage                         |                             | provi    |                                    |               |             |       |  |
|    | lf  | the marriage took place outside Que   | bec, please provide proof o | •        |                                    | country<br>S. |             |       |  |
|    | We had been <b>de facto separated</b> since |                                       |                             |          | day                                |               |             |       |  |
|    |   |                                       |                             |          | If you had resumed living          |               |             |       |  |
|    | We h  | nad been <b>divorced</b> since        |                             |          | together, indicate<br>since when   | <b>y</b> ea   | ar month    | n day |  |
|    | 🗌 We ł                                      | nad been <b>de facto spouses</b> si   | nce                         |          |                                    |               |             |       |  |
|    | 🗌 We ł                                      | nad been in a <b>civil union</b> sinc | e Lii                       |          | lf you had                         |               |             | h al  |  |
|    | 🗌 Our                                       | civil union had been dissolv          | ed since                    |          | together, indicate                 | yea           | ar monti    | h day |  |
|    |   |                                       |                             |          | Since when                         |               |             |       |  |

|    |   | ceased's social<br>urance number |                     |                     |  |  |  |  |
|----|---|----------------------------------|---------------------|---------------------|--|--|--|--|
| 15 | <b>5</b> Did you have a child with the deceased or are you expecting his or her chi   | ild2                             | ☐ Yes               | □ No                |  |  |  |  |
| 10 |   |                                  |                     |                     |  |  |  |  |
|    | Did you adopt a child together or did either of you adopt the other's child?  |                                  | ∐ Yes               | ∐ No                |  |  |  |  |
| 16 | A. At the time of your spouse's death:  |                                  |                     |                     |  |  |  |  |
|    | Were you disabled?  | Yes                              | 🗌 No                |                     |  |  |  |  |
|    | Did you have any dependent disabled children?   | Yes                              | No                  |                     |  |  |  |  |
|    | Did you have any dependent children under age 18?   | Yes                              | 🗌 No                |                     |  |  |  |  |
|    | B. Since your spouse's death:   |                                  |                     |                     |  |  |  |  |
|    | Have you become disabled?   | Yes                              | No                  |                     |  |  |  |  |
|    | Have you become responsible for any disabled children?  | Yes                              | 🗌 No                |                     |  |  |  |  |
|    | Have you become responsible for any children under age 18?  | Yes                              | No                  |                     |  |  |  |  |
| 17 | Are you receiving a pension under the Canada Pension Plan? (a pension oth   |                                  | e e unite e e e e e |                     |  |  |  |  |
| ., |   | ier than an Old Age S            | ecunty pensi        | lon)                |  |  |  |  |
|    | No Yes, under the following social insurance number   |                                  |                     |                     |  |  |  |  |
| 18 | <b>Pension payment by direct</b><br><b>8</b> Would you like your pension to be deposited at a financial institution of yo   |                                  |                     |                     |  |  |  |  |
| 10 | You'ld you like you pension to be deposited at a mancial institution of you<br>Yes. Complete the following. No. Go to section 19.   |                                  |                     |                     |  |  |  |  |
|    | Name of financial institution A   | Account or folio                 | number              |                     |  |  |  |  |
|    | Address of financial institution  |                                  |                     |                     |  |  |  |  |
|    |   |                                  |                     |                     |  |  |  |  |
|    | Enclose a blank personal cheque and write VOID across the cheque. On the back of the cheque, write your name and social insurance number. If you do not have cheques, your financial institution can provide you with equivalent proof. |                                  |                     |                     |  |  |  |  |
|    | Declaration and signature of the su   | urviving spou                    | lse                 |                     |  |  |  |  |
| 19 | <b>9</b> This section must be signed by the surviving spouse or a person authorized t member of a professional order (lawyer, notary, accountant, etc.) or a person   |                                  | date or po          | ower of attorney.   |  |  |  |  |
|    | I declare that all the information given on this application is true and corre  | ect. Date                        | yea                 |                     |  |  |  |  |
|    | Signature X   |                                  |                     |                     |  |  |  |  |
|    | If this section is not signed by the surviving spouse, please indicate in wh information requested below.   | nat capacity you                 | have sig            | ned and provide the |  |  |  |  |
|    | Title   |                                  |                     |                     |  |  |  |  |
|    | Family name Given name  |                                  |                     |                     |  |  |  |  |
|    | If you are not signing as a member of a professional order, give your social insu   | urance number                    |                     |                     |  |  |  |  |
|    | Address   |                                  |                     | Postal code         |  |  |  |  |
|    |   |                                  |                     |                     |  |  |  |  |
|    | Telephone area code area code   |                                  |                     | lovtoncion          |  |  |  |  |
|    | home other other  |                                  |                     | extension 6/8       |  |  |  |  |

To apply for an orphan's pension, complete PART IV.

## PART **IV** APPLICATION FOR AN ORPHAN'S PENSION

Deceased's social insurance number

|  | child - Family nan      | ne at birth                         | Given name           |              |  | Social insurance number          |  |  |
|--|-------------------------|-------------------------------------|----------------------|--------------|--|----------------------------------|--|--|
| Date of birl   | t <b>h</b><br>month day | Place of birth (                    | If born outside Qu   | ébec, provic | de proof of birth issued by                          | a civil authority)               |  |  |
| year   |                         | city                                |                      |              | province   | country                          |  |  |
| Address at   | the time of the         |                                     |                      | Curre        | nt address, if diffe                                 |                                  |  |  |
| Family nam   | ne at birth of the      | child's mother                      |                      | Mothe        | er's given name                                      |                                  |  |  |
| Family nam   | ne of the child's f     | ather                               |                      | Fathe        | r's given name                                       |                                  |  |  |
| Sex 2nd  | child - Family nar      | me at birth                         | Given n              | ame          |  | Social insurance number          |  |  |
|  |                         |                                     |                      |              |  |                                  |  |  |
| Date of birl   | th<br>month day         | Place of birth (                    | (If born outside Que | ébec, provic | de proof of birth issued by                          | a civil authority)               |  |  |
|  |                         | city                                |                      |              | province   | country                          |  |  |
| Provide this information Family name at  |                         | birth of the child's mother         |                      |              | Current address, if different<br>Mother's given name |                                  |  |  |
| if different   | -                       |                                     |                      |              |  |                                  |  |  |
| from 1st<br>child Family name of t   |                         | the child's father                  |                      |              | ime  |                                  |  |  |
| Sex 3rd  | child - Family nan      | ne at birth                         | Given n              | ame          |  | Social insurance number          |  |  |
| Date of birt   | t <b>h</b><br>month day | Place of birth (                    | If born outside Que  | ébec, provic | de proof of birth issued by                          | a civil authority)               |  |  |
|  |                         | city                                |                      |              | province   | country                          |  |  |
|  | Address at the          | time of the dea                     | th                   |              | Current address,                                     | if different                     |  |  |
| Provide this<br>information<br>if different<br>from 1st<br>child Family name at birth of the<br>Family name of the child |                         | birth of the child                  |                      |              | Mother's given na                                    | ame                              |  |  |
|  |                         | the child's fathe                   |                      |              | Father's given name                                  |                                  |  |  |
|  |                         |                                     |                      |              |  |                                  |  |  |
|  |                         | above already re<br>or the Canada F |                      |              | pension or a pen                                     | ision for a disabled person's ch |  |  |

Deceased's social insurance number

|    |           |                             | Identi                            | ifica  | tion                                |       |                    |      |  |
|----|-----------|-----------------------------|-----------------------------------|--------|-------------------------------------|-------|--------------------|------|--|
| 22 | Identify  | the person who is respo     | onsible for these children and    | d to w | whom the orphan's pension will be   | e pa  | id. If you are the |      |  |
|    |           |                             |                                   |        | or a surviving spouse's pension (   |       |                    | have |  |
|    |           | plete this section. Go to   |                                   |        | <b>0 1 1 (</b>                      |       | ,, <b>,</b>        |      |  |
|    |           |                             |                                   |        | 0:                                  |       |                    |      |  |
|    | Sex       | Family name                 |                                   |        | Given name                          |       |                    |      |  |
|    | ΠF        |                             |                                   |        |                                     |       |                    |      |  |
|    |           | Family name at birth, if    | different                         |        | Given name at birth, if differen    | •     |                    |      |  |
|    | Μ         | ranny name at birth, i      | different                         |        | Given name at birth, if differen    | L     |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    | Social    | insurance number            | Date of birth                     | Lan    | guage of correspondence             |       |                    |      |  |
|    | 00010     |                             | year month day                    |        | · ·                                 |       | alich              |      |  |
|    |           |                             |                                   |        |                                     |       | nglish             |      |  |
|    | Addres    | S                           |                                   |        |                                     |       | Postal code        |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    | Telepho   | area code                   |                                   |        | area code                           |       |                    |      |  |
|    | homo      | 1 1                         | l ath                             | er     |                                     |       | rtanaian           |      |  |
|    | home      |                             |                                   |        |                                     | lex   |                    |      |  |
|    |           |                             | Declaration                       |        |                                     |       |                    |      |  |
| 23 |           | о ,                         |                                   |        | pension will be paid or a person    |       |                    |      |  |
|    |           |                             |                                   | onal   | order (lawyer, notary, accountant   | , etc | .) or a person wh  | าด   |  |
|    | has a r   | nandate or power of atto    | rney.                             |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    | I decla   | re that all the information | n given on this application is    | true   | and correct.                        |       |                    |      |  |
|    |           |                             |                                   |        | year                                |       | month day          |      |  |
|    | Signatu   | ıre X                       |                                   |        | Date                                |       |                    |      |  |
|    | If this s | ection is not signed by t   | he nerson to whom the orph        | an'e i | pension will be paid, please indic  | ato i | in what canacity   | VOU  |  |
|    |           |                             | formation requested below.        | ans    | perision will be paid, please indic | ale   | in what capacity   | you  |  |
|    | nave si   | gried and provide the init  | ormation requested below.         |        |                                     |       |                    |      |  |
|    | Titlo     |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    | Namo      |                             | Given nam                         | סו     |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    | lf vou ai | e not signing as a member   | of a professional order, give you | r soci | al insurance number                 |       |                    | , I  |  |
|    | Addres    |                             |                                   | 1 0000 |                                     |       | Destal ande        |      |  |
|    | Addres    | S                           |                                   |        |                                     |       | Postal code        |      |  |
|    |           |                             |                                   |        |                                     |       |                    | 1    |  |
|    | Telepho   | ne                          |                                   |        |                                     |       |                    |      |  |
|    |           | area code                   |                                   |        | area code                           |       |                    |      |  |
|    | home      |                             | oth                               | er     |                                     | ex    | dension            |      |  |
|    |           |                             | Other Ir                          | nfor   | mation                              |       |                    |      |  |
| 24 | Llse thi  | s space if needed Indica    |                                   |        | ed for each answer given here.      |       |                    |      |  |
|    |           |                             |                                   | oonne  | di loi cuon unover given nere.      |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    |           |                             |                                   |        |                                     |       |                    |      |  |
|    | 1         |                             |                                   |        |                                     |       |                    |      |  |

### ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION

The information requested on this form is needed in order for the Régie to study your application. The information will be held by the Régie in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*, and cannot be provided to other persons or agencies or verified with them except in those cases provided for by law. It could also be used for research, assessments, enquiries or surveys.

## **IMPORTANT**

Send Part I along with Part II, III or IV, depending on on your situation. Be sure you have fully completed the forms.