



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																		
<table border="1"> <tr> <td rowspan="2">Your Language Preference</td> <td colspan="2">1A. Written Communications (Check one)</td> <td colspan="2">1B. Verbal Communications (Check one)</td> <td colspan="3">1C. Date of Birth</td> </tr> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> French</td> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> French</td> <td>Year</td> <td>Month</td> <td>Day</td> </tr> </table>				Your Language Preference	1A. Written Communications (Check one)		1B. Verbal Communications (Check one)		1C. Date of Birth			<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> French	Year	Month	Day
Your Language Preference	1A. Written Communications (Check one)		1B. Verbal Communications (Check one)		1C. Date of Birth													
	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> French	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