

RTR

Protected when completed - A Personal Infromation bank SDC PPU 140 and 146

Estimate Request for Canada Pension Plan (CPP) Retirement Pension

Ce formulaire est disponible en français - ISP 1003F

It is very important that you:

use a pen and print as clearly as possible

1A.	Social Insurance Number			1 B. Se	ЭХ	М	ale		Female	1C. Date of Year	Birth Mont	h Day		
2.	Mr. Ms.	Mrs. Miss		ual Firs	t Name a	and Initi	al			Last Name	,			
3.	Mailing Address (No., Street, Apt., P.O. Box, R.R. and City)							City)	Province or Territory					
									Country If	other than Canada	3	P	ostal Code	
	Telephone 4A. Area code and telephone number at home Number(s)							me	4B. Area code and telephone number at work (if applicable)					
5.	at age 65 workforce retiremen NOTE :	. Howev before t ages b We redu We incre	er, you car age 65, we etween 40 ce Retirem ease Retire	and receive e can est and 70 ent per ment per	e a Cana stimate th for whic asions pa ensions p	ada Per ne retire h you w aid to pe paid to p	nsion emen vould eople peop	Plan ret t pension l like esti under a le who b	irement pe n you could mates. age 65 by 0 egin receiv	nsion, we automationsion as early as a I receive when you 0.5% for each mont ing the pension when maximum increase	ge 60. If you ex retire. You can h the person is then they are ov e	kpect to r i choose under 6 er age 6	etire from the any two 5 years of ag	e.
			Age		Year	М	lonth	FI	RST CHO				Age	
	If retire at	age	1.90	in						estimated retirem	ent pension be	at age	<i>.</i>	?
		-	(40 to 70)					,	,		Ĩ	0	(60 to 70)	
			Age		Year	Μ	lonth	SE		CHOICE:			Age	
	If retire at	age		in				, w	hat will my	estimated retirem	ent pension be	at age		?
		((40 to 70)										(60 to 70)	
6.	Did you or your spouse or common-law partner receive or were either of you eligible to receive Family Allowances or the Child Tax Benefit for any children born after December 31, 1958?													
	You		NoNo			Yes Yes		partne	r received t	periods during whic the benefits. Also li n after December 3	st the dates of b	pouse or birth	e or common-law	
	Your spouse No		INU		162				in aller December 3			TH OF CHILD		
	a)	Year	Month	I	Day			Year	TO Month	Day	Year	Month		
	b)													
	NOTE: P	lease u	se another	sheet o	of paper i	if you h	ave r	nore the	n 2 childrer	۱.				
7.			me receive ability bene		nada	-		Veee	FRO			ТО	Devi	
	No		Yes 🕨	lf ye : perio	s, for what ds?	at		Year	Monti	h Day	Year	Month	Day	
the a	derstand th amount of r	ny bene									Year	Month	Day	
	003-12-06 E	X	ernet Versio	n T	his form	is avail	able	on the in	ternet at: s	ervicecanada.gc.	са	(Cana	d



Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

NEWFOUNDLAND AND LABRADOR

Service Canada P.O. Box 9430 St. John's NL A1A 2Y5

PRINCE EDWARD ISLAND

Service Canada P.O. Box 20105 Sherwood Postal Outlet Sherwood PE C1A 9E3

NOVA SCOTIA

Service Canada P.O. Box 1687 Postal Station "M" Halifax NS B3J 3J4

NEW BRUNSWICK

Service Canada P.O. Box 250 Fredericton NB E3B 4Z6

QUEBEC

Service Canada P.O. Box 1816 Quebec QC G1K 7L5

ONTARIO (Scarborough)

Service Canada P.O. Box 5100 Postal Station "D" Scarborough ON M1R 5C8

ONTARIO (Timmins)

Service Canada P.O. Bag 2013 Timmins ON P4N 8C8

ONTARIO (Chatham)

Service Canada P.O. Box 2020 Chatham ON N7M 6B2

MANITOBA AND SASKATCHEWAN

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AND NUNAVUT Service Canada P.O. Box 2710 Main Station Edmonton AB T5J 4C2

BRITISH COLUMBIA AND YUKON

Service Canada P.O. Box 1177 Victoria BC V8W 2V2

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