

WHEN WRITING PLEASE REFER TO CLAIM OR ACCOUNT NUMBER

Death Information of Pensioner/Widow(er)

Disability Awards – Pensions Section

Claim number		Document number	
Name of deceased			
Street address			
City		Province	Postal code
Date of death (yy/mm/dd)	Social insurance number	Date of birth (yy/mm/dd)	CPO ID number (office use only)

Please provide photocopy of death certificate.

Name of spouse/next of kin		Relationship	
Street address			
City		Province	Postal code
Social insurance number (optional)	Date of birth (yy/mm/dd)	CPO ID number (office use only)	

If no spouse/next of kin, please complete "executor" section.

Name of executor			
Street address			
City		Province	Postal code
Home phone number ()		Work phone number ()	
Social insurance number (optional)	Date of birth (yy/mm/dd)	CPO ID number (office use only)	

For office use only

Who called		Relationship	
Last cheque payable to (spouse/estate)			
VOD date (yy/mm/dd)		Termination date (yy/mm/dd)	
Information taken by		Date (yy/mm/dd)	