



Indemnity Agreement (Old Age Security and Canada Pension Plan)

CPP ☐ OAS ☐

It is very important that you:

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

Deceased's Social Insurance Number

☐ Mr. ☐ Mrs. Deceased's Usual First Name and Initial Last Name
☐ Ms. ☐ Miss

Deceased's Last Address (No., Street, Apt., P.O. Box, R.R.) City

Province or Territory Country, if other than Canada Postal Code

Because the person named above, who was receiving benefits under the *Old Age Security Act* and/or the *Canada Pension Plan*,

died at _____ on the _____ day of _____, _____
city, town day month year

AND because to my knowledge no personal representative has been appointed to administer the estate of the deceased or, the estate has been closed;

AND because under the *Old Age Security Act* and/or *Canada Pension Plan*, benefit payments were owing and payable to the deceased at the time of his/her death;

I, _____,
(Please print your name in full)

in consideration of payment to me of any monies so due, owing and payable to the deceased under the *Old Age Security Act* and/or *Canada Pension Plan*, DO HEREBY undertake and agree to deal with the benefit payment(s) in the same manner and subject to the same terms and conditions, rights and obligations as would apply if I was a duly appointed personal representative, executor or administrator of the said Estate. I also agree to account for the use of any such monies, as may be required of me by the *Old Age Security Act* and/or the *Canada Pension Plan* or a personal representative, executor or administrator of the said Estate. I further agree to indemnify and hold harmless Her Majesty the Queen in Right of Canada from all legal actions, claims, demands, damages and expenses in connection with such payment.

NOTE: A false or misleading statement may result in an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or in the prosecution of an offence. Any benefits received or obtained to which there was no entitlement would have to be repaid.

In witness whereof I execute this document under seal this _____ day of _____, _____
day month year

SIGNED, SEALED AND DELIVERED
in the presence of

Signature of witness

Name of witness - please print

Address of witness

Area code and telephone number of witness

Occupation of witness (preferably a magistrate, notary, doctor, bank manager, member of the clergy, etc.)

Signature

Name - please print

Address

Area code and telephone number

Relationship, if any, to the deceased



Service
Canada

Service Canada Offices

Canada Pension Plan

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK AND QUEBEC

Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6
CANADA

ONTARIO

For postal codes beginning with "L, M or N"

Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"

Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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