



# 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

Your Language Preference	<b>1A. Written Communications</b> (Check one) <input type="checkbox"/> English <input type="checkbox"/> French	<b>1B. Verbal Communications</b> (Check one) <input type="checkbox"/> English <input type="checkbox"/> French	<b>1C. Date of Birth</b> Year    Month    Day
<b>2A.</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Usual First Name and Initial	Last Name	
<b>2B.</b> Name at birth, if different from 2A. (e.g. maiden name, legal name change, etc.)	First Name and Initial	Last Name	
<b>2C.</b> Name on social insurance card, if different from 2A.	First Name and Initial	Last Name	
<b>3.</b> Mailing Address (No., Street, Apt., P.O. Box, R.R.)	City		
Province or Territory	Country - other than Canada	Postal Code	
<b>4.</b> Applicant's Signature Is Mandatory	Date of Application Year    Month    Day	Area Code and Telephone Number	

**QUESTIONS OR COMMENTS?**

PLEASE RETURN  
YOUR COMPLETED  
FORM TO:



**Contributor Client Services  
Canada Pension Plan  
P.O. Box 9750  
Postal Station T  
Ottawa, Ontario  
K1G 3Z4**

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.