

National Executor Assistance Program



Beechwood Cemetery
proudly serving our community
since 1873



EXECUTOR OF AN ESTATE: YOUR ROLE

If you are an executor/executrix you may wish to seek the help of professionals like lawyers and accountants. However, as the executor, you will be the person who is legally responsible for the administration of the estate.

The information in this guide applies to cases where there is no disagreement about the appointment of the person who accepts to be the executor. If the appointment is contested, or if you intend to oppose the appointment, you should seek legal advice and refer to the Supreme Court rules and forms for the process used in such cases.





IS IT MANDATORY FOR ME TO BE THE EXECUTOR?

In an ideal world, you would have been asked prior to being named the executor. It's a conversation between family and friends that is important and mustn't be taken lightly.

If you have been named as an executor and you do not wish to act in that role, the law does not require you to do so.

If you are unable or unwilling to act as an executor, you must advise the **co-executor**, if there is one, the **alternate executor** named in the will (if one has been identified), or the family of the deceased of your decision.

Where there is no known next of kin, the Public Guardian and Trustee may assume administration of an estate as an administrator of last resort. If the deceased person has a spouse, child, sibling or close friend who is capable of acting as the administrator of the estate, it is always best to have them administer the estate.



DON'T PROFESSIONALS DO THIS FOR ME?

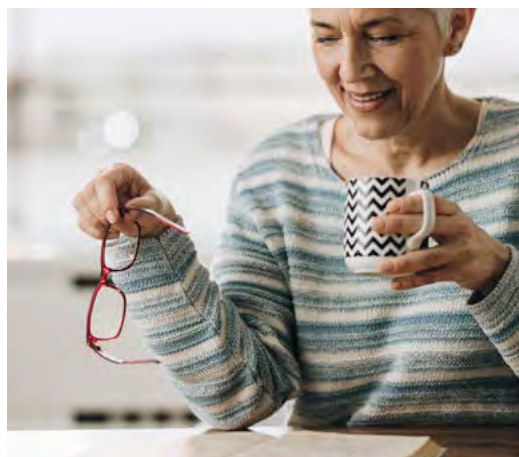
It may be helpful to contact a lawyer following the death of a family member. A lawyer may expedite the process of administering the estate. If you do not have a lawyer, contact the Canadian Bar Association to find out about your provincial law society and what they can provide.

You can also call the Lawyer Referral Service within your province to give you the name of a lawyer who can help you.

A lawyer can assist you when:

- Probate is required
- The deceased held property in his/her name
- There are multiple executors and/or beneficiaries
- No legal will exists





DO I NEED TO WORK WITH THE FAMILY AND FRIENDS?

An executor is considered the legal representative of the estate. The executor is the person who will discuss with third parties about matters relating to the deceased's personal affairs and, in some cases, business affairs. An executor is responsible for advising any beneficiaries identified in the will of the contents of the will and for providing information to those beneficiaries about the administration of the estate. An executor is expected to act in the best interest of the beneficiaries when handling the estate assets. Keeping the beneficiaries informed is an important function of the executor's role.

Sometimes an executor has to deal with difficult situations, such as when a child or spouse is not included as a beneficiary in the will, or when the distribution of the estate does not adequately account for the financial needs of a dependent adult. In such cases the executor may need to speak to a lawyer to obtain advice on how to proceed. A dependent may have a legal claim to the estate and may also require legal advice and representation.



IS THERE A CHECKLIST I CAN USE?

Yes, we developed the complete NEAP package to help you with many of the required documents, forms, and tasks you may be called upon to settle an estate. However, not all estates are the same and there may be additional unique issues that may arise.

WHAT ABOUT DEBTS?

An executor may also have to deal with creditors of the estate, so it is important to be aware of the estate's assets and debts. This will allow the executor access to estate funds. It is not uncommon for an executor to feel pressured to pay any outstanding debts immediately, but the appropriate time to pay these debts depends on the complexities of the estate.

The executor will be responsible for paying those outstanding debts, and also for paying the funeral expenses from funds within the estate. If the will is probated, often an executor may not be permitted to settle outstanding debts of the deceased until there has been a court ordered Grant of Probate.

Where there is an insolvent estate, it is very important for an executor to examine and verify all the deceased's debts. It is also important that the debts are paid before distributing any of the estate to the beneficiaries.

CLOSING AN ESTATE

Closing an estate may require completing a series of financial and other transactions.



The Checklist

The following steps are often taken after a death occurs. The purpose of this list is to draw attention to some of the details you will need to address. It is not intended to be thorough and complete. You are encouraged to obtain advice from a lawyer before you file any documents in court.



IMMEDIATE DUTIES

- Locate preneed funeral or cemetery prearrangement (if they exist).
- Locate the will if there is one (check safety deposit box, law firms, personal effects).
- Determine whether there are any special funeral directions.
- Notify relatives, friends, others of death.
- Speak with the family if deceased did not leave instructions for either cremation or burial.
- Make funeral arrangements.
- Review the deceased's financial affairs.
- Arrange appointment with Coroner or Funeral Home (to obtain personal effects and information on death if applicable).
- Arrange for copies of Proof of Death Certificate from your Funeral Director.

PROTECT THE ESTATE

- Ensure safe custody of personal valuables.
- Locate, identify and inventory assets.
- Secure and protect important documents such as: property titles, mortgages, insurance policies, banking and investment documents (may include share certificates, bonds, debentures, guaranteed investment certificates), personal income tax returns, pension plan information, Social Insurance Number.

NOTE: where a beneficiary of insurance, pensions, etc. has been named, these items are not considered estate assets. Speak to a lawyer about such matters.

- Contact utility services to ensure services continue in order to protect the value of property.
- Confirm identity and current addresses of beneficiaries including common-law spouse, children or separated spouse.
- Redirect mail at post office (register change of address).
- Notify Land Titles Office of death if titled property (real estate) is involved.
- Notify Public Guardian and Trustee of any minor children or dependent adults.



CANCELLATIONS/CHANGES

You may likely need copies of the funeral director's Proof of Death Certificate to notify these offices, arrange for bill payment from the estate, cancel the account or change the name of the account holder:

- Credit bureau - to assist in determining outstanding debts
- Credit cards - banks, department stores and others
NOTE: outstanding balances on credit cards, bank credit lines, loans and mortgages may be covered by insurance. Before you pay any outstanding amount, check to see if it is life insured.
- Cable/satellite TV
- Driver's licence
- Electric/utilities
- Health insurance coverage - provincial, territorial, extended health packages
- Internet/email
- Life insurance
- Memberships - associations, clubs
- Rental/lease agreements
- Subscriptions - newspapers, magazines
- Telephone
- Vehicle registration

VALUE THE ESTATE

Contact the following to determine assets and liabilities at the date of death, and what documentation is required to finalize:

- Financial institutions - banks, credit unions
- Brokers - stock brokers, mortgage brokers
- Investment advisers and companies holding investments
- Insurance companies
- Business partners
- Employer
- RRSP/RRIF trustees
- Advertise for creditors



GOVERNMENT OFFICES/PROGRAMS

see also Service Canada web site for assistance

- Canada Pension Plan – to apply for death/survivors' allowances and benefits
- Canada Revenue Agency – preparation of tax returns and Certificate of Clearance
- Child Tax Credit – if children are involved
- Citizenship and Immigration Canada - to cancel Canadian citizenship card
- First Nation – re entitlements or claims under Self-Government Agreement INAC/DIAND
- Old Age Security Pension
- Social Insurance Number
- Passport Canada – to cancel a Canadian passport
- Federal Pensions - employee, military



OTHER

- Associations, unions, societies
- Church/synagogue/temple/spiritual centres
- Clubs
- Contractors
- Dentist, doctor, chiropractor, other health practitioners
- Hospital – to obtain personal effects, information
- Lawyer
- Library
- Pensions (other) – may be non-government employer or from another country
- Pets licences
- Schools/colleges/universities/institutes



The Details

LEGAL NAME OF DECEASED

First Name

Middle Name

Last Name

Maiden Name (if applicable)

DATE OF BIRTH ____ / ____ / ____
Month Day Year

PLACE OF BIRTH _____
City/Province/Country

SOCIAL INSURANCE NUMBER _____

SEX Male Female Other _____

ADDRESS AT TIME OF DEATH

Street Address

City

Province

Postal Code

DATE OF DEATH ____ / ____ / ____
Month Day Year

MARITAL STATUS Married – Date ____ / ____ / ____
Month Day Year

Common-law – Date ____ / ____ / ____
Month Day Year

Never Married Widowed Divorced Separated

LEGAL NAME OF SURVIVING PARTNER

ADDRESS (if different than deceased)

Street Address

City

Province

Postal Code

Home Phone

Cell Phone

Email



ESTATE DETAILS

WILL Yes No

EXECUTOR/EXECUTRIX INFORMATION (Person responsible for completing the arrangements)

_____ Name		_____ Relationship		
_____ Street Address		_____ City	_____ Province	_____ Postal Code
_____ Home Phone	_____ Cell Phone	_____ Email		

CO-EXECUTOR INFORMATION

_____ Name		_____ Relationship		
_____ Street Address		_____ City	_____ Province	_____ Postal Code
_____ Home Phone	_____ Cell Phone	_____ Email		



Government Items

Beechwood understands the necessity of dealing with a myriad of paperwork required to settle an estate. This booklet is a guide to the complex maze that is estate handling and should be used in conjunction with legal assistance.

CANADA PENSION PLAN / QUEBEC PENSION PLAN LUMP SUM DEATH BENEFIT:

A one-time payment which is based on the contributions of the deceased into CPP/QPP over their working life. This is a lump sum benefit to a maximum of \$2500.

- **Survivor’s Pension:** A monthly benefit paid to the surviving spouse or common-law partner of the deceased and is based on the contributions of the deceased into CPP/QPP over their working life. If the surviving spouse or common-law partner is receiving their own CPP/QPP pension – this may affect the amount of the survivor’s pension.
- **Children’s Benefit:** A monthly benefit paid to the surviving children of the deceased who are under the age of 18, or between the ages of 18 and 25 and attending school full time.

For information or inquiries regarding CPP Benefits or to schedule an appointment with the local Income Security office, please call 1-800-277-9914 (press “0”). For information or inquiries regarding QPP Benefits please call 1-800-463-5185.





OLD AGE SECURITY

- **Guaranteed Income Supplement:** A monthly OAS benefit that is available for low income seniors age 65 and older. To qualify, you must meet the income eligibility. If you think you might qualify for this benefit call Service Canada to have them send you the application forms (1-800-277-9914).
- **Allowance for the Survivor:** A monthly OAS benefit for a surviving spouse age 60 to 64. To qualify, you must meet the income eligibility. If you think you might qualify for this benefit call Service Canada to have them send you the application forms.

For information or inquiries regarding Old Age Security Benefits or to schedule an appointment with the local Service Canada office, please call 1-800-277-9914 (press "0") or visit their website at www.canada.ca.



FINANCIAL INSTITUTIONS

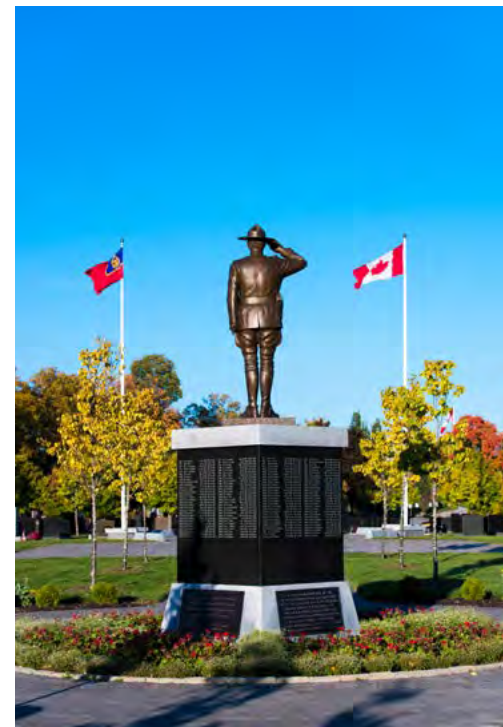
Banks, Credit Unions and other Financial Institutions must be notified.

- **Accounts:** Accounts held solely in the name of the deceased may be frozen for a period of time. Joint accounts usually remain open depending on the policies of the Financial Institution. Often the bank will advise that an estate account be set up to accommodate deposits and/or bills that need to be paid.

TIP: Don't forget to return and cancel any bank cards and credit cards associated with a bank account.

NOTE: Funeral and related expenses may be released even though the account may be frozen. To release funds for these expenses, talk with the manager of the Financial Institution.

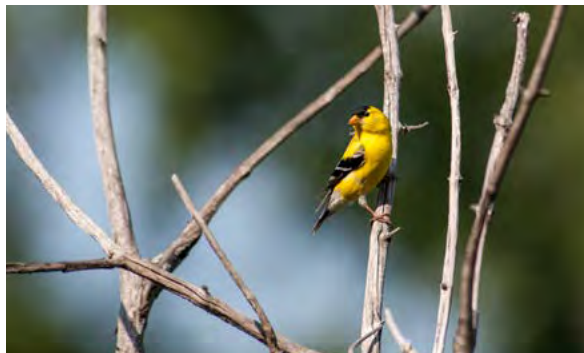
- **Safe Deposit Box:** A safe deposit box may only be opened by those persons named on the safe deposit box card or by the executor(s) named in the will. The following documents may be required to have a safe deposit box opened:
 - Funeral Director's Proof of Death Certificate
 - Legal Will or letters of probate



- **Loans & Mortgages:** The loans and/or mortgages could be life insured. If this is the case, notify the financial institution to confirm whether outstanding monthly payments will stop. If loans and/or mortgages are not life insured, payments should continue to be withdrawn as usual. The following documents may be required:
 - Funeral Director's Proof of Death Certificate
 - Legal Will or letters of probate
- **Investments:** Call to make an appointment with the deceased's financial planner or investment broker and they will help you manage the investments. Some investments like RRSP's and RIF's may have a named beneficiary. The following documents may be required:
 - Funeral Director's Proof of Death Certificate
 - Legal Will or letters of probate

If the deceased is named as the beneficiary for your investments, contact your financial adviser to make necessary changes.

Unclaimed Bank Accounts can be searched by visiting www.bankofcanada.ca





CREDIT CARD CANCELLATION

It is important to contact the credit card company (even if the card is jointly held) as soon as possible to avoid fraud. A credit card may carry balance insurance which will pay off the balance held on the card in the event of a death. Check the back of the card for the number to call is printed there.

- **Credit Bureaus of Canada:** Notify credit bureaus in Canada and request that a “Death Notice” be added to the file to prevent identity fraud. The following document will be required:
 - Funeral Director’s Proof of Death Certificate



LIFE INSURANCE

Notify the agent or life insurance company as soon as possible and they will send you all the forms required to process the claim. There may also be a group policy through the employer or pension company. Contact the employer, union or pension company to inquire. The following documents may be required:

- Funeral Director’s Proof of Death Certificate
- Doctor’s certificate or signature stating the cause of death (this is not always required but if it is, contact the family doctor or the physician who signed the Medical Certificate of Death and he/she will issue a letter or complete the insurance claim form. The Funeral Home does not have this information).

You can also apply to the province to get a certified copy of the Death Certificate via your province service provider. If the deceased is named as the beneficiary of your life insurance policy, contact your insurance broker to make necessary changes.



GOVERNMENT DEPARTMENTS

- **Notifying Canada Pension Plan (CPP) and Old Age Security (OAS):** When an Old Age Security (OAS) and Canada Pension Plan (CPP) beneficiary dies, his/her benefits must be cancelled. Benefits are payable for the month in which the death occurs; benefits received after that will have to be repaid. Benefits can be cancelled by faxing the “Information Sheet for the Notification of Death” to the appropriate department. Your Funeral Director usually has already sent this form on your behalf.
- **Income Tax:** A final tax return is required to be filed. If you are preparing the tax return yourself, you will require the “Deceased Persons Income Tax Guide” containing all of the required forms. The following documents will be required to file the final tax return:
 - Funeral Director’s Proof of Death Certificate
 - All pertinent tax slips (T4, T4-A, receipts, etc.)

A deceased person’s terminal T-1 Tax Return must be filed no later than April 30th of the year following the year of death OR six months following the death – whichever is later.

You should request a Clearance Certificate from CRA prior to distributing assets so you are not liable for any unpaid taxes owed by the deceased. For more information about Clearance Certificates visit www.cra-arc.gc.ca

- **Notifying CRA and Cancelling HST /GST Tax Credit and Provincial Benefit** (Credits received in the month of the death may be kept, but any additional payments must be returned). The following document will be required:
 - Funeral Director’s Proof of Death Certificate



- **Passport:** A Canadian Passport should be returned to Passport Canada with the Proof of Death Certificate and a cover letter. It is recommended that the documents be sent by registered mail or you can take these documents to your local passport office.

Mailing Address: Passport Canada, Global Affairs Canada, Gatineau, Quebec K1A 0G3

Email: infopass@ppt.gc.ca

To cancel a passport issued by another country, contact the consulate or embassy representing that country.

- **Provincial Health Coverage:** When a resident dies, the Provincial Health Card must be returned to the Ministry of Health and Long Term Care. Call your province service centre to find the address of the nearest Ministry of Health and Long Term Care Office. The following documents will be required:
 - Funeral Director's Proof of Death Certificate
 - Health Card
- **Ministry of Transportation:** When the registered owner of a motor vehicle dies, the ownership may be transferred to the surviving spouse without a mechanic's certification of the vehicle. A transfer fee may apply. If the ownership is to be transferred to anyone else, certification may be required before the vehicle is sold. Bring the following documentation to your local driver license and vehicle permit issuing office:
 - Funeral Director's Proof of Death Certificate
 - Legal Will or letters of probate
 - Signature of the executor(s) or next of kin
 - Vehicle ownership

If the deceased held a valid Driver's Licence or Photo Card, it needs to be cancelled. Drop it off at any Provincial Service Office.



- **Other government issued cards:** All other government issued documents must also be cancelled. This includes, but is not limited to, Citizenship or Permanent Resident cards and Indian Status card. Proper notification must be done to the appropriate department. The following documents will be required:

- Funeral Director’s Proof of Death Certificate
- Government issued card or document

- **Veterans Affairs Canada:**

- If the deceased had been receiving benefits from the VAC, the department needs to be notified. To notify or to inquire about available benefits, contact:
Last Post Fund 1-800-563-2508 or VAC 1-866-522-2122
or www.veterans.gc.ca.

- **Federal Pension Plans:** If the deceased contributed to or was receiving a federal pension payment, other than CPP or OAS the organization handling the pension plan must be notified. Below are some common phone numbers to various national pension plan organizations:

- Can. Forces Pension 1-800-267-0325
- Gov. Pension 1-800-561-7930

- **Extended Health Care Coverage:** If the deceased had any Extended Health Care Coverage through an insurance company, employer, previous employer, union or pension company, then the company needs to be notified and they will send you the required forms. The following document may be required:

- Funeral Director’s Proof of Death Certificate





OTHER DUTIES

- **Insurance for Home and Auto:** Contact the insurance company(s) to notify them of the death and to ensure that the required insurance is in place for both home and vehicle.

NOTE: It is recommended that some insurance coverage remain on a vehicle even if it is not being driven.

CAUTION: If the home will be vacant for a period of time, notify the insurance company immediately, in order for the insurance coverage to remain valid.

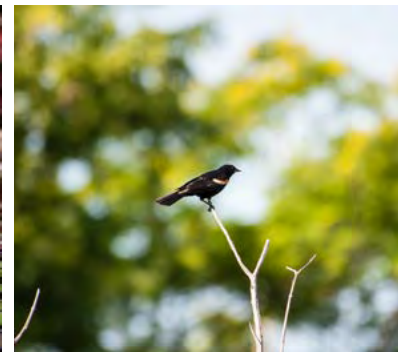
- **Canada Post:** Mail will continue to be delivered to the address of the deceased or can be held by Canada Post until further direction is given. For mail re-direction with Canada Post, the following documents may be required:
 - Completed Change of Address Form
 - Signature of the Executor(s) or next of kin
 - Legal Will or letters of probate
 - Lawyer contact information
- **Memberships, Subscriptions and Rewards Programs Cancellation:** Club memberships, Rewards programs, newspapers, magazines etc. may need to be cancelled. Certain programs might be able to transfer points to another account. Inquire with the program directly, check the back of the card, often a number to call is printed there.

- **Rental Properties/Leases:** If the deceased lived in a rental property, the lease may need to be terminated or an arrangement made to sublet the property.
- **Household Accounts:** Cable, telephone and/or utility contracts may need to be cancelled or changed into another name.
- **Estate Firearms:** To act as the executor and obtain information on the estate firearms, the executor is required to provide the following documentation to the RCMP Canadian Firearms Program (CFP): Form RCMP 6016 Declaration of Authority to Act on Behalf of an Estate and Funeral Director's Proof of Death Certificate or letters of probate. You can find further information including who can legally possess estate firearms at www.rcmp-grc.gc.ca/cfp-pcaf/fs-fd/will-testament-eng.htm
- **Charitable Donations:** If, and when you are ready, you may wish to donate items no longer needed (clothing or household items) to charity. Some charities may issue a tax receipt.
- **Acknowledgement Cards/Thank You Notes:** It is a kind gesture to send an acknowledgement card to those who sent flowers, made a memorial donation, purchased a Mass card, brought food to the family, participated in the ceremony, or otherwise helped in some meaningful way. It is not necessary or expected for the family to send a note to everyone who attended the funeral or sent a sympathy card.
- **Certified Copies of the Provincial Death Certificates:** These may be required if you are taking the deceased into another country for burial. They can be obtained by writing to the Office of the Registrar General or by applying online (for a fee).



• **Continued Care and Advanced Planning:**
While addressing all the issues surrounding the estate, it is a wise decision to organize one’s own estate to relieve those responsible of a complicated legal, financial and emotional burden at a time of stress.

- Complete or update your will
- Complete or update your Power of Attorney for Property
- Complete or update your Power of Attorney for Personal Care
- Complete or update your Pre-arranged Funeral Plan
- Complete or update your Pre-arranged Cemetery Plan



The Worksheet



PROPERTY

ASSET	CURRENT VALUE	OWNERSHIP	BENEFICIARY
PRINCIPAL RESIDENCE		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
SECOND RESIDENCE (Cottage, Condo, etc.)		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
RENTAL PROPERTY		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
LAND		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
TIME SHARE		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
OTHER		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
SUB TOTAL			





VEHICLES

ASSET	CURRENT VALUE	OWNERSHIP	BENEFICIARY
AUTOMOBILE		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
RECREATION VEHICLE		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
BOAT		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
OTHER		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
OTHER		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	

SUB TOTAL			



FINANCIAL

ASSET	CURRENT VALUE	OWNERSHIP	BENEFICIARY
BANK ACCOUNT		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
BANK ACCOUNT		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
GIC		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
SAVINGS BONDS		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
RRSP/RRIF		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
TFSA		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
SHARE HOLDING		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
OTHER		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
OTHER		<input type="checkbox"/> Joint <input type="checkbox"/> Sole	
<hr/>			
SUB TOTAL			



FINAL ENTITLEMENTS

ASSET	CURRENT VALUE	DESCRIPTION
FINAL SALARY		
INCOME TAX REFUND		
REFUNDS		
DEATH BENEFITS		
CREDITS		
OTHER		
OTHER		
OTHER		
OTHER		
SUB TOTAL		



LIFE INSURANCE

ASSET	CURRENT VALUE	DESCRIPTION	BENEFICIARIES
PERSONAL			
CORPORATE			
GROUP BENEFITS			
MORTGAGE			
ANNUITIES			
ACCIDENTAL			
CREDIT CARD			
BANK/LOAN			
OTHER			
<hr/>			
SUB TOTAL			
<hr/>			



Tracking - Expenses

MONTH/YEAR

DATE	CHEQUE NO.	DETAILS	EXPENSES	REVENUE	BALANCE

TOTAL



MONTH/YEAR

DATE	CHEQUE NO.	DETAILS	EXPENSES	REVENUE	BALANCE

TOTAL



CHAPTER 7

The Solution

As the National Cemetery of Canada, we understand the importance of being an executor. We sincerely hope this Beechwood National Executor Assistance Program will serve as a friendly roadmap for many of the tasks that as an executor you will be called upon to complete.



To help you feel confident in your role, Beechwood offers to personalize many of the documents and Government forms which must be completed.

Beechwood can provide valuable assistance for many of the tasks that executors and survivors must deal with when settling an estate.

The Beechwood National Executor Assistance Personalized Program prepares all the enclosed notifications, letters and Government forms included in this NEAP package.

We know this time in your life is hard enough without needing the extra burden, both emotional or financial, of being the executor. Purchase the full personalized kit today:

 **PURCHASE TODAY >**



also included **A SPECIAL GIFT FROM BEECHWOOD TO YOU**

This gift was specifically created as a thank you to the 1000's of dedicated men and women throughout Canada who have accepted the role of being an executor. We would like to provide you with the Beechwood Personal Memory Book designed to help you share memories and make your final wishes known to your loved ones. We all know that pre-planning your funeral and cemetery wishes not only eases the burden on your family, it allows them to cherish what is most important... Your love for them and the lifetime of memories you wish to share. We hope you find value in this small token of our appreciation.





Contact us

EMAIL

eap@beechwoodottawa.ca

WEBSITE

beechwoodottawa.ca

ADDRESS

280 Beechwood Ave
Ottawa, ON K1L 8A6

*Owned by The Beechwood Cemetery Foundation
and operated by The Beechwood Cemetery Company.*

About us

For over 150 years, Beechwood, Canada's National Cemetery has continued to serve as the National Military Cemetery of the Canadian Forces, National RCMP Memorial Cemetery, the CSIS Cemetery and serves as the final resting place for many more organizations and religious groups. Beechwood has been proudly serving our community since 1873.

Beechwood, Funeral, Cemetery and Cremation Services is owned by The Beechwood Cemetery Foundation and operates on a not-for-profit basis. Governed by a volunteer Board of Directors, all revenues and donations go towards the preservation and enhancement of this National Historic Site. The Beechwood Cemetery Foundation was originally created for the purpose of safeguarding Canada's National historic past, as well as the important historical persons buried within it and towards continued national public awareness of Canada's Legacy.

IMPORTANT!

This guide has been produced by Beechwood Cemetery Company. The information contained within this package should not be considered as a substitute for the advice of any pertinent specialist, such as a lawyer, accountant or financial advisor. We trust this information will be of help to you in the days, weeks and months ahead.

The information provided in this guide is believed to be correct as of its date of publication.



BEECHWOOD

Funeral, Cemetery and Cremation Services
Services funéraires, cimetière et crémation

Executor Assistance Program

While at first, this group of letters and the National EAP Booklet may seem somewhat overwhelming, we have enclosed a **checklist** to make things a little easier.

The contents of this package should not be considered a substitute for the advice of any pertinent specialist, such as a lawyer, accountant or financial advisor. We trust this information will be of help to you in the days ahead, however, we cannot be held responsible for any omission, errors or *negligence of the executor or the estate*.

Should you find that any of the contact information has changed for any of the organizations listed, we would appreciate hearing from you.

Whenever identification cards or certificates are being cancelled (SIN, Passport, Health Card, Credit Card etc.), please **DO NOT** mail the actual cards with your letters, but rather destroy or keep them.

**** Attach a Proof of Death Certificate with each letter being sent out ****

- 1. CPP and OAS** monthly payment cancellation-often completed by the Funeral Home – estate is entitled to the full month payment for the month of passing.
- 2. CPP Death Benefit** is a one time lump sum payment of up to \$2500.00 based on contributions. Complete and submit the enclosed form and include a death certificate with the SIN of the deceased written across the top. **NOTE:** This must be completed and submitted **within 60 days** of the date of death.
- 3. CPP Survivor and/or Children's pension:** a monthly benefit paid to the surviving spouse or common-law partner of the deceased: **NOTE:** should be completed and submitted **as soon as possible**.
For survivor - complete the form and include a void cheque with SIN of deceased, a certified copy of the marriage certificate or proof of common-law living arrangements. If not available, send the form in anyway and the Government will advise if anything further is required.
Children's Pension - the birth certificates (long form) and SIN numbers are required. If the child is between the ages of 18 and 25, a statement or declaration of proof that they are a full-time student must be provided.
- 4. International Benefits** - If you need to terminate a pension that was paid by a foreign country, you must contact that country's Embassy for further information regarding pensions in that country.

5. **Permanent Residence Card** - This applies when the deceased was born outside of Canada, and was a permanent resident of Canada, but did not pursue becoming a Canadian Citizen.
6. **Indian Status Card** – This applies when a person is registered as an Indian, Pursuant to the Indian Act. The office of Aboriginal Affairs & Northern Development Canada will need to be notified, along with the First Nations or Band office if the deceased was a resident of a reserve.
7. **Letters** – Banking, Credit Cards, Subscriptions or Memberships, Charities, Volunteer, Physicians, and other specialists are for information and to act as reminders of items to be taken care of.
8. **CRA Executor Notification** - a Notarized Copy of the Will is required to be included with this letter, and it is highly recommended that this be sent **Priority Post**.
9. Letters for **GST credits and any Provincial tax credits** - It is recommended that these be cancelled, whether or not you are sure of receipt of the monthly/quarterly payments.
10. **Passport, Health Card, Drivers Licence or ID Card, & Accessible Parking** letters should all be sent with only the number written on the letters, whether they have expired or not. This is to deter identity theft. It is not necessary to return cards or passport back to the government as they request just for inactivation. You can do this yourself by punching a hole in them or destroy them but **do not send the cards in the mail** in case they are lost.
11. **Equifax Canada** – This company is a private credit rating company for Canada. It is important to advise them as added help in preventing identity theft. The only document required is the Proof of Death Certificate. No other information need be provided, nor should you provide further information if requested by the company.
12. **Transunion Canada** – This company is a private rating company for Canada and is not used at this time due to their policy to charge clients extra for this service.
13. **Firearms** - Should the deceased be in possession of firearms; it is the responsibility of the executor to keep these locked up and safe. Note the licence for handling arms does pass to the executor for 60 days while being settled. RCMP should be notified with the form RCMP 6016, Declaration of Authority to Act on Behalf of an Estate, along with the letter. (included)
14. **S.I.N. Cancellation letter** should be the last letter sent in after all tax matters are completed for the deceased.

- 15. CRA Clearance Certificate** should be completed and sent in the following year after the Final Notice of Assessment has been received. A clearance certificate certifies that all amounts for which the deceased is liable to us have been paid, or that we have accepted security for the payment. If you do not get a certificate, the executor can be liable for any amount that the deceased owes. A certificate covers all tax years to the date of death. While this application is optional, it is highly recommended that this be done to close this account with Canada Revenue Agency.
- 16. Organizations** responsible for **Life insurance** policies, **private company pensions** and **government pensions** should be contacted by phone directly. Although you may still receive documents to complete and return, your initial phone call will enable processing much more quickly than sending a letter.
- 17.** Please note, the **Canadian Bereavement Registry** at www.canada-bereavement-registry.ca, will prevent and enforce further unsolicited phone calls or mail, should you choose to register with them at no cost.
- 18. Home Care/ Extended Health Care/Personal Medical Alert** Should be cancelled as soon as you have the contract information. Any rented products should be returned as well.
- 19. Security Systems** - Monitoring company should be notified, cancelled once property is sold.
- 20. Medic Alert** - Notify if paying for the membership. Otherwise unnecessary.
- 21. Nexus Card** – a voluntary program designed to speed up border crossings for low-risk, pre-approved travellers into Canada and the United States
- 22. Pension holders** for the deceased should be contacted as soon as possible to avoid overpayment of benefits, and to start the process for a surviving spouse.
- 23. Utilities, insurance companies, maintenance contracts**, etc should be dealt with as soon as you are able to do so. If a home is no longer occupied, it is in your best interest to advise the insurance company of this, and any security companies as well.
- 24. Property deeds** will need to be changed into the surviving spouse's name. This is usually done through your lawyer, who will also send notification to the municipal tax office. **Vehicle ownership** should also be transferred using a death certificate for ease of process. (return plates once sold)
- 25.** The **surviving spouse** will need to update their Powers of Attorney, Will and Estate Plans, so that the appropriate people make decisions on their behalf. Immediate attention will be required for pension benefits, named beneficiaries, executors, and alternates, for both their Will and their Power of Attorney.

26. Thank-you wordings are included to assist with thank you cards. It is customary to send an acknowledgement card to those who sent flowers, made a memorial donation, brought food for the family, participated in the ceremony, or otherwise helped in some meaningful way. It is not necessary nor expected for the family to send a note to everyone who attended the funeral nor to those who sent a sympathy card. While it is not necessary to send out the acknowledgements immediately after the funeral, its best to have these mailed within three or four weeks. You may also wish to place a Card of Thanks in the newspaper.

SAMPLE

Checklist

****Include a Proof of Death Certificate with each letter or form mailed****

- CPP & OAS MONTHLY PAYMENT CANCELLATION** (often completed by funeral home)
- CPP DEATH BENEFITS** (1-800-277-9914)
- CPP SURVIVOR AND CHILDRENS BENEFITS** (1-800-277-9914)
- QPP DEATH BENEFITS** (1-800-463-5185)
- QPP SURVIVOR AND CHILDREN BENEFITS** (1-800-463-5185)
- INTERNATIONAL BENEFITS** – (contact the Country's Embassy for further direction)
- BANKS – CREDIT UNIONS – INVESTORS**
- CREDIT CARDS/ POINTS CARD**
- PHYSICIANS -- DENTISTS – OPTOMETRISTS – PHARMACISTS -- SPECIALISTS**
- SUBSCRIPTIONS -- MEMBERSHIPS -- CLUBS -- ORGANIZATIONS**
- VOLUNTEER NOTIFICATION**
- CHARITIES – DONATIONS**
- CITIZENSHIP & IMMIGRATION CANADA- FOR NON-CANADIAN PERMANENT RESIDENTS**
- CANADA REVENUE AGENCY EXECUTOR NOTIFICATION** – SEND by Express Post
- ELECTIONS AND STATISTICS CANADA** –NO LONGER NECESSARY AS NOTIFIED BY CRA
- GST/HST TAX BENEFIT**
- PROVINCIAL TAX CREDITS**
- PASSPORT CANADA** (1 800-567-6868)
- PROVINCIAL HEALTH CARD**
- PROVINCIAL DRIVERS LICENCE**
- PROVINCIAL IDENTIFICATION CARD**
- ACCESSIBLE PARKING PERMIT**
- PROVINCIAL OUTDOORS CARDS- BOATING/ HUNTING /FISHING**
- EQUIFAX CANADA** – CONSUMER CREDIT REPORTING AGENCY
- RCMP FOR FIREARMS** (Form RCMP 6016 REQUIRED TO BE FILED) TO TEMPORARILY LICENSE THE EXECUTOR TO KEEP FIREARM SAFE AND LEGALLY DISPOSE OF.
- SIN CARD CANCELLATION** (AFTER ALL TAXES HAVE BEEN COMPLETED)
- CANADIAN MARKETING ASSOCIATION** --DO NOT CONTACT LIST DESIGNED TO PREVENT UNSOLICITED MAIL AND/OR PHONE CALLS

- CANADIAN BEREAVEMENT REGISTRY** – www.canada-bereavement-registry.ca – DESIGNED TO PREVENT UNSOLICITED MAIL AND/OR PHONE CALLS
- CRA- CLEARANCE CERTIFICATE** – SEE ACCOUNTANT - SEND AFTER FINAL NOTICE OF ASSESSMENT RECEIVED
- PERSONAL UPDATES** – CHANGE YOUR BENEFICIARY FOR PENSIONS, BENEFITS, INVESTMENTS, YOUR WILL AND POWER OF ATTORNEY, AND YOUR PRE-NEED ARRANGEMENTS
- HEMOCARE / EXTENDED HEALTH CARE/ PERSONAL MEDICAL ALERT**
- SECURITY SYSTEM** CANCELLATION (CONTACT SERVICE PROVIDER TO CANCEL)
- MEDIC ALERT** (NOTIFY IF PAYING MEMBERSHIP FEES)
- NEXUS CARD** (CANADA/USA TRUSTED TRAVELLER BORDER PROTECTION CARD) 1-866-639-8726)
- WORKMANS COMPENSATION INSURANCE BOARD**
- CANADIAN FORCES PENSIONS** (1-800-267-0325)
- VETERAN AFFAIRS** ([1-866-522-2122](tel:1-866-522-2122))
- FEDERAL GOV'T PENSION** - SUPERANNUATION (1-800-561-7930)
- FEDERAL GOV'T EXECUTIVE PENSIONS** (1-888-742-1300)
- PROVINCIAL GOV'T PENSION**
- HEALTH PROFESSIONALS PENSION**
- TEACHERS PENSION**
- PRIVATE COMPANY PENSIONS**
- LOYALTY PROGRAMS** – PURCHASE POINTS---TRANSFER OR CANCEL
- SOCIAL MEDIA** (EMAIL, FACEBOOK, LINKED IN, ETC.) CONTINUE USING OR CANCEL
- LIFE INSURANCE POLICY(S)**- CONTACT AGENT, BROKER OR COMPANY DIRECTLY
- PROPERTY OWNERSHIP**- DEEDS AND TAXES -- CONTACT LAWYER FOR DETAILS
- HOME INSURANCE** (CHANGE OR CANCEL AS PERTAINS TO INDIVIDUAL SITUATIONS)
- MOTOR VEHICLE OWNERSHIP** (TRANSFER TO EXECUTOR & RETURN PLATES)
- VEHICLE INSURANCE** (CHANGE OR CANCEL AS PERTAINS TO INDIVIDUAL SITUATIONS)
- UTILITIES AND SERVICES** (hydro, gas, water, phone, internet, cable, cell phone)
- MAINTENANCE CONTRACTS** (housecleaning, landscaping, snow removal, etc.)
- CANADA POST MAIL RE-DIRECTION**

Application for a Canada Pension Plan Death Benefit

It is very important that you:

- send in this form with supporting documents (see the information sheet for the documents we need); and
- use a pen and print as clearly as possible.

SECTION A - INFORMATION ABOUT THE DECEASED

1A. Social Insurance Number 123 456 789	1B. Date of birth YYYY-MM-DD 1950-01-01	1C. Country of birth (if born in Canada, indicate province or territory) ON	FOR OFFICE USE ONLY AGE ESTABLISHED
2 Date of Death (See the information sheet for a list of acceptable proof of date of death documents) YYYY-MM-DD 2021-01-01			DATE OF DEATH ESTABLISHED
3. Marital status at time of death (See the information sheet for important information about marital status)			
<input type="radio"/> Single <input type="radio"/> Common-Law		<input checked="" type="radio"/> Married <input type="radio"/> Divorced	<input type="radio"/> Separated <input type="radio"/> Surviving spouse or common-law partner
4A <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Usual first name and initial John	Last name Doe	
4B Full name at birth if different from 4A	First name and initial	Last name	
4C Name on social insurance card (if different from 4A)	First name and initial	Last name	
5. Home address at time of death (No., Street, Apt., R.R.) 123 Mary Street,		City, Town or Village Ottawa	
Province or territory ON	Country other than Canada	Postal Code K0A 2W0	
6A. If the address shown in number 5 is outside of Canada, indicate the province or territory in which the deceased last resided		6B. In which year did the deceased leave Canada?	

7. Did your deceased spouse or common-law partner ever live or work in another country?

- Yes No **If yes**, indicate the names of the countries and the insurance numbers. (If you need more space, use the space provided on page 6 of this application) Also, indicate whether a benefit has been requested.

Country	Insurance Number	Has a benefit been requested?	
		<input type="radio"/> Yes	<input type="radio"/> No
a)		<input type="radio"/>	<input type="radio"/>
b)		<input type="radio"/>	<input type="radio"/>
c)		<input type="radio"/>	<input type="radio"/>

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8A. Did the deceased ever receive or apply for a benefit under the:	Canada Pension Plan? <input type="radio"/> Yes <input type="radio"/> No	Old Age Security? <input type="radio"/> Yes <input type="radio"/> No	Regime de rentes du Québec? (Québec Pension Plan) <input type="radio"/> Yes <input type="radio"/> No
8B. If yes to any of the above, provide the Social Insurance Number or account number:			
9. Was the deceased or the deceased's spouse eligible to receive Family Allowances or was the deceased, the deceased's spouse or the common-law partner eligible to receive the Child Tax Benefit for any children born after December 31, 1958 ? Deceased contributor <input type="radio"/> Yes <input type="radio"/> No Deceased's spouse or common-law partner <input type="radio"/> Yes <input type="radio"/> No			

SECTION B - INFORMATION ABOUT THE SETTLEMENT OF THE ESTATE

(See "Who should apply for the Death benefit" on the information sheet)

10. Is there a will? <input type="radio"/> Yes Please provide the name and address of the executor in number 11 and go to section C. <input type="radio"/> No Go to number 12.			
FOR OFFICE USE ONLY	The Estate of		
11. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		First name and initial	Last name
Mailing address (No., Street, Apt., R.R.)		City, Town or Village	
Province or Territory	Country other than Canada	Postal Code	
12. There is no will and I am applying for the Death benefit as: <input type="radio"/> an administrator appointed by the court (Please give your name and address in number 11) <input type="radio"/> the person responsible for the funeral expenses (You must submit the funeral contract or funeral receipts with your application.) <input type="radio"/> the spouse or common-law partner of the deceased <input type="radio"/> the next-of-kin (Please specify your relationship) <input type="radio"/> other (Please specify)			

SECTION C - INFORMATION ABOUT THE APPLICANT

13. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		First name and initial Mary	Last name Doe
14. Relationship of the applicant to the deceased FOR OFFICE USE ONLY	Your Language Preference The Estate of	Written Communications (Check one) <input type="radio"/> Yes <input type="radio"/> No	Verbal Communications (Check one) <input type="radio"/> Yes <input type="radio"/> No
Mailing address (No., Street, Apt., R.R.) 123 Mary Street,		City, Town or Village Ottawa	
Province or Territory ON	Country other than Canada	Postal Code K0A 2W0	

SECTION D - APPLICANT'S DECLARATION

I hereby apply on behalf of the estate of the deceased contributor for a Death benefit. I declare that, to the best of my knowledge, the information given in this application is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Applicant's signature

Date (YYYY-MM-DD)

X

Telephone number

NOTE: We can only accept a signature with a mark (e.g. X) if a responsible person witnesses it. That person must also complete the declaration below.

SECTION E - WITNESS'S DECLARATION

If the applicant signs with a mark, a witness (friend, member of family, etc.) must complete this section. I have read the contents of this application to the applicant, who appeared to fully understand and who made his or her mark in my presence.

Name		Relationship to the applicant	
Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village	
Province or Territory	Country other than Canada	Postal Code	
Telephone number during the day	Witness's signature	Date (YYYY-MM-DD)	

FOR OFFICE USE ONLY

Application taken by: (Please print name and phone number)		Telephone Number
Application approved pursuant to the Canada Pension Plan.	Authorized Signature	
	Date	

Use this space, if needed, to provide us with more information. Please indicate the question number concerned for each answer given. If you need more space, use a separate sheet of paper and attach it to this application.

SAMPLE



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: **613-957-1954** (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
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 818 Station Main
Winnipeg MB R3C 2N4
CANADA

BRITISH COLUMBIA AND YUKON

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

Disponible en français

Application for a Canada Pension Plan Survivor's Pension and Child(ren)'s Benefits

It is very important that you:

- send in this form with supporting documents (see the information sheet for the documents we need); and
- use a pen and print as clearly as possible.

Section A - Information about your deceased spouse or common-law partner (The deceased contributor)

1A. Social Insurance Number 123 456 789	1B. Date of birth YYYY-MM-DD 1950-01-01	1C. Country of birth (if born in Canada, indicate province or territory) ON	FOR OFFICE USE ONLY AGE ESTABLISHED
2. Date of death (See the information sheet for a list of acceptable proof of date of death documents) YYYY-MM-DD 2021-01-01			DATE OF DEATH ESTABLISHED
3. Marital status at time of death (See the information sheet for important information about marital status)			
<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Common-Law <input type="radio"/> Surviving spouse or common-law partner <input type="radio"/> Divorced			
4A. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss			
Usual first name and initial John		Last name Doe	
4B. Full name at birth if different from 4A			
First name and initial		Last name	
4C. Name on social insurance card (if different from 4A)			
First name and initial		Last name	
5. Home address at time of death (No., Street, Apt., R.R.) 123 Mary Street, Ottawa			
Province or territory ON		Country other than Canada	Postal Code K0A 2W0
If the address shown above is outside of Canada, indicate the province or territory in which the deceased last resided			
6. Did your deceased spouse or common-law partner ever live or work in another country? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the names of the countries and the insurance numbers. (If you need more space, use the space provided on page 6 of this application) Also, indicate whether a benefit has been requested.			
Country		Insurance Number	Has a benefit been requested?
a)			No <input type="radio"/> Yes <input type="radio"/>
b)			<input type="radio"/> Yes <input type="radio"/> No
c)			<input type="radio"/> Yes <input type="radio"/> No

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Section B - Information about you (The surviving spouse or common-law partner)

7A. Social Insurance Number		7B. Date of birth YYYY-MM-DD		7C. Country of birth (If born in Canada, indicate province or territory)		FOR OFFICE USE ONLY AGE ESTABLISHED	
Your Language Preference		8A. Written communications (Check one) <input type="radio"/> English <input type="radio"/> French		8B. Verbal communications (Check one) <input type="radio"/> English <input type="radio"/> French			
9A. Optional <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		Usual first name and initial		Last name			
9B. Full name at birth, if different from 9A.		First name and initial		Last name			
9C. Name on social insurance card, if different from 9A.		First name and initial		Last name			
10. Mailing address (No., Street, Apt., P.O. Box, R.R.)						City	
Province or territory				Country other than Canada		Postal code	
Telephone number(s)		11A. Area code and telephone number at home		11B. Area code and telephone number at work (if applicable)			
12. Home address, if different from mailing address (No., Street, Apt., R.R.)						City	
Province or territory				Country other than Canada		Postal code	
13A. Are you receiving or have you ever applied for a benefit under the:		Canada Pension Plan? <input type="radio"/> Yes <input type="radio"/> No		Old Age Security? <input type="radio"/> Yes <input type="radio"/> No		Régime de rentes du Québec? (Quebec Pension Plan) <input type="radio"/> Yes <input type="radio"/> No	
13B. If you answered yes to any of the above, provide the Social Insurance Number or account number under which you applied.							
14A. Were you married to the deceased? <input type="radio"/> Yes <input type="radio"/> No		If yes, date of marriage (Please submit your marriage certificate)		YYYY-MM-DD			
14B. Were you still married at the time of your spouse's death? <input type="radio"/> Yes <input type="radio"/> No		14C. Were you still living together at the time of your spouse's death? <input type="radio"/> Yes <input type="radio"/> No					
FOR OFFICE USE ONLY		MARRIAGE ESTABLISHED					
15A. If you were the common-law partner of the deceased, when did you start living together? YYYY-MM-DD		15B. Were you still living together at the time of your common-law partner's death? <input type="radio"/> Yes <input type="radio"/> No If yes and you were the common-law partner of the deceased, please obtain and complete the form titled "Statutory Declaration of Common-law Union" and return it with this application.					
FOR OFFICE USE ONLY		COMMON-LAW ESTABLISHED					

16. Payment Information

Direct deposit in Canada: Complete the boxes below with your banking information.

Branch number (5 digits)

Institution number (3 digits)

Account number (maximum of 12 digits)

Name(s) on the account

Telephone number of your financial institution

Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development Canada (ESDC) and the Canada Revenue Agency (CRA) to share your personal and direct deposit information, your consent is required.

By selecting "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you select "I do not agree", your information will not be shared.

I agree I do not agree

Direct deposit outside Canada:

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.

17. Voluntary Income Tax Deduction This service is available to Canadian residents only.

Your Canada Pension Plan benefit is taxable income. If we approve your application, would you like us to deduct **federal income tax** from your monthly payment? *(See the information sheet for more information)*

Yes No If yes, indicate the dollar amount or percentage you want us to deduct each month.

Federal Income Tax	Federal Income Tax
\$ <input type="text"/>	<input type="text"/> %

Section C - Information about the child(ren) of the deceased

18. Do you have any children under the age of 18?

Yes No If yes, please provide the following information.

a) Child's usual first name and initial		Last name	
[Redacted]		[Redacted]	
Sex	Date of birth (YYYY-MM-DD)	Social Insurance Number	
Optional <input type="radio"/> Male <input type="radio"/> Female	[Redacted]	[Redacted]	
Is the child in your care and custody since birth?		Is the child still in your care and custody?	
<input type="radio"/> Yes <input type="radio"/> No If no, please indicate since when: YYYY-MM-DD [Redacted]		<input type="radio"/> Yes <input type="radio"/> No If no, please provide a letter of explanation.	
Is the child a:			
<input type="radio"/> child of your deceased spouse or common-law partner		<input type="radio"/> legally adopted child of your deceased spouse or common-law partner	<input type="radio"/> other (Explain circumstances in the space provided on page 6 of this application)
FOR OFFICE USE ONLY		AGE ESTABLISHED	

b) Child's usual first name and initial		Last name	
[Redacted]		[Redacted]	
Sex	Date of birth (YYYY-MM-DD)	Social Insurance Number	
Optional <input type="radio"/> Male <input type="radio"/> Female	[Redacted]	[Redacted]	
Is the child in your care and custody since birth?		Is the child still in your care and custody?	
<input type="radio"/> Yes <input type="radio"/> No If no, please indicate since when: YYYY-MM-DD [Redacted]		<input type="radio"/> Yes <input type="radio"/> No If no, please provide a letter of explanation.	
Is the child a:			
<input type="radio"/> child of your deceased spouse or common-law partner		<input type="radio"/> legally adopted child of your deceased spouse or common-law partner	<input type="radio"/> other (Explain circumstances in the space provided on page 6 of this application)
FOR OFFICE USE ONLY		AGE ESTABLISHED	

19. Do you have any children **between the ages of 18 and 25** attending school, college or university full-time?

Yes No

If yes, please provide the following information.

a) Child's usual first name and initial	Last name	Date of birth (YYYY-MM-DD)
[Redacted]	[Redacted]	[Redacted]
Mailing address (No., Street, Apt., P.O. Box, R.R.)		City
[Redacted]		[Redacted]
Province or territory	Country other than Canada	Postal code
[Redacted]	[Redacted]	[Redacted]
b) Child's usual first name and initial	Last name	Date of birth (YYYY-MM-DD)
[Redacted]	[Redacted]	[Redacted]
Mailing address (No., Street, Apt., P.O. Box, R.R.)		City
[Redacted]		[Redacted]
Province or territory	Country other than Canada	Postal code
[Redacted]	[Redacted]	[Redacted]

20. Are any of the children named in questions 19 and 20 receiving or have they applied for a benefit under:

a) the Canada Pension Plan? Yes No b) Régime de rentes du Québec? Yes No
 (Quebec Pension Plan)

If yes, to either or both, indicate the name of the child(ren) and the Social Insurance Number under which benefits are being received or have been applied for.

Child's usual first name and initial	Social Insurance Number

21. Have you been wholly or substantially maintaining all of the children listed in questions 19 and 20, since the death of your spouse or common-law partner? Yes No If no, please explain on page 6 of this application.

Section D - Information about the applicant

(If not the surviving spouse or common-law partner named in Section B)

22. Social Insurance Number	Your Language Preference	23A. Written communications (Check one)	23B. Verbal communications (Check one)
		<input type="radio"/> English <input type="radio"/> French	<input type="radio"/> English <input type="radio"/> French
24. Optional	Usual first name and initial	Last name	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss			
25. Mailing address (No., Street, Apt., P.O. Box, R.R.)		City	
Province or territory		Country other than Canada	Postal code
Telephone number(s)	26A. Area code and telephone number at home	26B. Area code and telephone number at work (if applicable)	
Please explain on a separate sheet of paper why you are making this application			

Applicant's declaration

I hereby apply for a Survivor's Pension and/or child(ren)'s benefits under the provisions of the Canada Pension Plan. I declare that, to the best of my knowledge, the information on this application is true and complete. The personal information you provide is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure an individual's exact identification so that contributory earnings can be correctly applied to your record to allow for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. The personal information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law. As well, the personal information you provide may be used and/or disclosed for policy analysis, statistical, research, and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made. The personal information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the CPP and *Old Age Security Act*.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act*, the CPP, the *Privacy Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank ESDC PPU 146. You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: Canada.ca/infosource-ESDC *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern/file-a-formal-privacy-complaint/ or by calling 1-800-282-1376.

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Applicant's signature

Date (YYYY-MM-DD)

X

Note: We can only accept a signature with a mark (e.g. X) if a responsible person witnesses it. That person must also complete the declaration below.

Witness's declaration

If the applicant signs with a mark, a witness (friend, member of family, etc.) must complete this section.

I have read the contents of this application to the applicant, who appeared to fully understand and who made his or her mark in my presence.

Name	Relationship to applicant	Telephone number
[Redacted]		
Address	Witness's signature	Date (YYYY-MM-DD)
[Redacted]	X	[Redacted]

FOR OFFICE USE ONLY

Application taken by: (Please print name and phone number)		Telephone Number
Application approved pursuant to the Canada Pension Plan.		Authorized Signature
Effective Date	(month) (year)	Date

Use this space, if needed, to provide us with more information. Please indicate the question number concerned for each answer given. If you need more space, use a separate sheet of paper and attach it to this application.

SAMPLE

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: **613-957-1954** (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
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 818 Station Main
Winnipeg MB R3C 2N4
CANADA

BRITISH COLUMBIA AND YUKON

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

Disponible en français

Thursday, July 8, 2021

Bank/Financial Institution

Attention: Branch Manager
CONFIDENTIAL

To Whom It May Concern,

Re: Estate of John Doe
Date Deceased: 1 January 2021

As the executor of John Doe's estate, I request that your branch provide the following information to assist with estate settlement:

- Confirm all account numbers and the account values as of the date of death.
- Indicate the names of any persons jointly associated with the account(s), including named beneficiaries.
- Provide full details for all term deposits, GICs, RRSPs, TFSAs, non-registered investments, etc.
- Provide full details of any liabilities, such as credit cards, loans, lines of credit and mortgages that John Doe has owing.
- Advise whether John Doe had creditor insurance on any of the liability products and provide full details of the coverage.
- Confirm whether John Doe had a safety deposit box at your branch.
- Advise of any other details necessary for resolve.

Thank you for your time and attention to this matter.

If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Credit Card or Store Card

Attention: Client Services
CONFIDENTIAL

To Whom It May Concern,

Re: Notice of Death

Cardholder: John Doe

Card No.: _____

Date Deceased: 1 January 2021

As the Executor of John Doe's estate, I request that you proceed as indicated below:

- Cancel this credit card and forward a closing statement to the address below.
- Remove John Doe's name from the account, preserve all other cardholder privileges and forward a statement of account to the address below.
- Reissue a new card in the surviving cardholder(s)'s name.
- Provide the required forms to initiate a claim if this credit card was protected by life insurance.
- Advise if any reward programs privileges are transferable or redeemable.
- Advise the amount of pro-rata refund for any annual fees paid on this card, if available.
- Provide details if John Doe had more than one credit card or account with your company.

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Physician / Dentist / Optometrist / Specialists

Attention: Patient Care
CONFIDENTIAL

Re: John Doe - File Close

As the executor of John Doe's estate, I request that you close the patient's file with your office and forward any outstanding documentation or further correspondence to the address below. Please also cancel any upcoming appointments or referrals.

Thank you for the service your office has provided to date and your assistance in this matter.

If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Memberships / Subscriptions / Clubs / Organizations

Attention: Client Services
CONFIDENTIAL

To Whom It May Concern,

Re: Cancellation of Membership or Subscription Account No. _____

As the executor of John Doe's estate, I request that you cancel all memberships/subscriptions/services immediately and forward a closing statement to the address below.

If the cancellation of this membership/subscription/service results in a credit or refund, or if any reward points have accrued, please advise in writing. In addition, please advise whether any outstanding reward points or benefits are transferable or redeemable.

Thank you for your attention to this matter.
If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Volunteer Organization

To Whom It May Concern,

Re: Notice of Passing of Volunteer Member
Name: John Doe
Date deceased : 1 January 2021 John Doe

As executor of the estate, I request that you remove John Doe's name from your list of available volunteers and cancel any forthcoming commitments John Doe may have made.

Please be advised that John Doe, who was a volunteer with your organization, passed away on Friday, 1 January 2021.

John Doe's involvement with your charity provided many hours of reward.

If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Charity Organizations

To Whom It May Concern,

Re: Notice of Passing of Donator: John Doe,
Address: 123 Mary Street
Ottawa, ON
K0A 2W0,

This letter serves to advise that John Doe, who was a contributor to your organization, passed away on Friday, 1 January 2021.

As executor, I request that you remove John Doe's name from your list for donations and send any forthcoming receipts to the address below.

If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Citizenship & Immigration Canada
Case Processing Centre

Attention: Permanent Resident Card Services
CONFIDENTIAL

To Whom It May Concern,

Re: Permanent Resident Card Holder- John Doe
Card Number: _____
Date Deceased: 1 January 2021

This letter serves to advise of the death of the above card holder. As the executor of John Doe's estate, I request that you update your system with the details of John Doe's passing.

Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON

K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Canada Revenue Agency
Specialty Tax Services Office
Executor Notification

To Whom It May Concern,

Re: Named Executor/Administrator to John Doe's Estate
SIN #: 123 456 789

This letter is to advise you that I have been named as executor to John Doe's estate. John Doe was born on 1 January 1950, and died on Friday, 1 January 2021. The last address was:

123 Mary Street
Ottawa, ON
K0A 2W0,

Enclosed is:

- A copy of John Doe's Proof of Death
- A complete notarized copy of the Will or Letter's Probate or Letter of Appointment to estate trustee.

As executor of John Doe's estate, I request that you add this information to the deceased's file so that information can be released to me should I require it.

Thank you for your assistance in this matter. If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Provincial Tax Office
GST Credit

To Whom It May Concern:

Re: Deceased: John Doe
SIN: 123 456 789

As executor of John Doe's estate, I am requesting that you please cancel all future GST/HST credits.

Thank you for your assistance in this matter. If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Provincial Tax Office

CONFIDENTIAL

To Whom It May Concern,

**Re: Cancellation of Provincial Benefit
Name: John Doe SIN: 123 456 789**

As the executor of John Doe's estate, I request that you cancel this benefit.

Thank you for the immediate attention to this matter. Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Passport Program
Global Affairs Canada

Attention: Passport Services
CONFIDENTIAL

To Whom It May Concern,

Re: Cancellation of Passport
Deceased Name: John Doe
Passport Number: _____
Date Deceased: 1 January 2021

As the executor of John Doe's estate, I request that you update your system with the details of John Doe's passing. Please be advised that the passport is not enclosed.

Should you have any questions or concerns, do not hesitate to contact me.
Thank you for your immediate assistance in this matter.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Service Ontario
Health Coverage

Attention: Customer Services
CONFIDENTIAL

To Whom It May Concern,

Re: Cancellation of Health Card
Name: John Doe
Date Deceased: 1 January 2021
Health card number: _____

As the executor of John Doe's estate, I request that you cancel this coverage.

Thank you for the valued coverage you have provided to date. Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON

K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Ontario Shared Services
Revenue and Billing Management
LCS Operations

CONFIDENTIAL

To Whom It May Concern,

Re: Cancellation & Refund of John Doe 's Licence
Date Deceased: 1 January 2021
Licence: _____

As the executor of John Doe's estate, I request that you cancel this license and forward any refund owing to the address below.

Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON

K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Service Ontario
Provincial ID Card

CONFIDENTIAL

To Whom It May Concern,

Re: Cancellation of Provincial ID Card
Deceased Name: John Doe
Card Number : _____
Date Deceased: 1 January 2021

As the Executor of John Doe's estate, I request that you cancel this identification card.

Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Service Ontario
Accessible Parking Permit

CONFIDENTIAL

To Whom It May Concern,

Re: Accessible Parking Permit Cancellation
Permit holder: John Doe's
Parking Permit #: _____
Date deceased: 1 January 2021

As the executor of John Doe's estate, I am requesting the cancellation of the Accessible Parking Permit.

Thank you for your assistance in this matter. Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Equifax Canada Inc.
Customer Relations Department

Attention: Client Services
CONFIDENTIAL

To Whom It May Concern,

Re: Credit Report – John Doe
Date Deceased: 1 January 2021

As the executor of John Doe's estate, I request that a notice indicating "DECEASED. Do not issue credit." be placed on John Doe's credit file.

Deceased's full name: John Doe
Date of birth: 1 January 1950
Social Insurance Number: 123 456 789

I have enclosed the following support documentation to process this request:

- A copy of the Death Certificate

Thank you for your assistance. If you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Royal Canadian Mounted Police
Canadian Firearms Program

CONFIDENTIAL

To Whom It May Concern,

Re: Firearms Licence Cancellation

Deceased: **John Doe**

Date Deceased: **1 January 2021**

Deceased Firearm Licence: _____

As the executor of John Doe's estate, I request that the firearms licence be cancelled.

- The form RCMP 6016 is attached and has been completed so we can finalize the estate.

Thank you for your assistance in processing the cancellation of John Doe's firearms licence. Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.



Information Sheet: Declaration of Authority to Act on Behalf of an Estate

Ce formulaire est disponible en français.

Before you Start...
If you have come into possession of firearms, ammunition, explosives etc. and are concerned for your safety or the safety of others please contact your local police.
Firearms Safety
For public safety reasons, it is important that firearms and ammunition be handled in a safe and secure manner. It is important to store, transport and display firearms safely to deter loss, theft and prevent accidents.
General information on the storage, display and transportation of firearms can be found on our website . For legal references, please refer to the <i>Storage, Display, Transportation and Handling of Firearms by Individuals Regulations</i> .
Provincial, territorial and municipal laws, regulations and by-laws may also apply.
Use this form if you have the authority to act on the behalf of the estate of a deceased individual regarding firearms. In addition to this form you will need to provide a copy of the deceased's Death Certificate.
Please Note
This form must be completed and returned to the Canadian Firearms Program before any transactions involving a deceased individual's firearms can be processed.
You must complete all sections of this form and provide the required copy of the Death Certificate, failure to do so will result in delays.
This form is required before the Canadian Firearms Program can complete processes such as:
<ul style="list-style-type: none"> • Application to transfer firearms • Application to de-activate a firearm
If you need help completing this form or require another form call 1 800 731-4000. Additional information and some forms are also available on our website .

The following information explains certain parts of the form and will help you answer some of the questions. You should read the instructions as you fill in your form. If you are still unsure about a question, call 1 800 731-4000 for assistance.

Mail your completed application form and all attachments to:

Royal Canadian Mounted Police
P.O. Box 1200
Miramichi NB E1N 5Z3

A - Personal Information of the Deceased

Provide all the requested information regarding the deceased.

Boxes 1 a), b) and c)

Please do not use initials or nicknames. The deceased's, last, first and middle name must be written in full. Junior (Jr.) or Senior (Sr.) can only be used if they form part of deceased's legal name.

Boxes 3

Provide the deceased's firearms licence number if known.

B - Personal Information of the Executor of the Estate

Please note that in Quebec, the Executor of an Estate is referred to as the Liquidator of the Succession.

Provide all requested information regarding the individual declaring themselves to be the executor (liquidator of the succession).

Boxes 5 a), b) and c)

Please do not use initials or nicknames. Your last, first and middle name must be written in full. Junior (Jr.) or Senior (Sr.) can only be used if they form part of your legal name.

Box 8 a) Street or land location

If you live in a rural area and do not have an address with a street number and name, provide your rural address (for example: lot and concession number). If you live on a reserve, provide the reserve number, or if you live in an Inuit community, provide your house number, box number or lot number. If your legal land location is unavailable please provide a general description of your home location e.g. 2 km east of route 6.

Information Sheet: Declaration of Authority to Act on Behalf of an Estate

Note: To act as the executor (liquidator of the succession) you may generally possess firearms left in an estate for a reasonable amount of time while the estate is being settled, even if you are not personally licensed to possess them. If a court has prohibited you from possessing firearms, you cannot take possession of firearms left in an estate, but you can still act as the executor in transferring the firearms to someone who can lawfully acquire them. Heirs to the estate will require a firearm licence before you can transfer any firearm to them. This includes yourself, if you are also an heir.

C - Copy of Death Certificate

In order to confirm that the registered firearm owner is deceased a copy of the death certificate must be provided. If not included with this form it will need to be provided at a later date.

Please check the provided box if you have included a copy of the Death Certificate with this form.

Checklist

Before mailing your application, have you...

- answered all relevant questions?
- signed and dated the declaration?
- attached a copy of the Death Certificate (if you have not already provided it)?



Declaration of Authority to Act on Behalf of an Estate

For Administrative
Use

Attention: Read the Information Sheet for explanations. Use a check mark to indicate your answers (where required). Print clearly in blue or black ink.

A - Personal Information of the Deceased

1.a) Last Name		1. b) First Name	1.c) Middle Name
Doe		John	
2. Date of Birth (yyyy-mm-dd)	3. Firearms Licence Number (if known)		4. Date of Death (yyyy-mm-dd)
1950-01-01			2021-01-01

B - Personal Information of the Executor of the Estate (Liquidator of the Succession)

5.a) Last Name		5. b) First Name	5.c) Middle Name
Doe		Mary	
6. Date of Birth (yyyy-mm-dd)	7. Firearms Licence Number (if applicable)		

Home Address

You must provide the physical location where you live.

8a) Street or Land Location			8. b) Apt./Unit
123 Mary Street,			
8. c) City	8. d) Province/Territory	8. e) Country	8. f) Postal Code
Ottawa	ON		K0A 2W0
9. Telephone Number			
613-613-6133			

Mailing Address

Your mailing address is the address where you receive your mail.

Mailing address is the same as home address.

10. a) Street / Rural Route / PO Box Number			10. b) Apt./Unit
10. c) City	10. d) Province/Territory	10. e) Country	10. f) Postal Code

C - Copy of Death Certificate

I have attached a copy of the Deceased's Death Certificate.

D - Declaration

It is an offence under section 106 of the Firearms Act to knowingly make a false or misleading statement, either orally or in writing, or to knowingly fail to disclose relevant information, for the purpose of obtaining a licence, registration certificate or authorization.

I hereby declare that the information provided on this form is true and correct to the best of my knowledge and I have legal authority to act on behalf of the estate of the individual identified in this document as the Deceased, in regards to the transfer of any firearms currently held by the estate.

Executor's Signature (Liquidator of the Succession)

Date (yyyy-mm-dd)

Information contained in this application is obtained under the authority of the *Firearms Act*. The information will be used to determine eligibility and to administer and enforce the firearms legislation. In addition to the provisions in the *Firearms Act*, individual rights regarding personal information are governed by the appropriate federal, provincial or territorial legislation governing access to information and privacy rights.

Thursday, July 8, 2021

Social Insurance Registration

P.O. Box 7000
Stn Main
Bathurst, NB E2A 4T1

Attention: Cardholder Services

CONFIDENTIAL

To Whom It May Concern,

Re: Cancellation of SIN Card

Name: John Doe
SIN No. 123 456 789

As the executor of John Doe's estate, I request that you update your system with the details of John Doe's passing and cancel this Social Insurance Number once final taxes have been filed.

Should you have any questions or concerns, do not hesitate to contact me.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Encl.

Thursday, July 8, 2021

Canadian Marketing Association

Attention: Do Not Contact Service

To Whom It May Concern,

This letter serves to advise that John Doe died on 1 January 2021. Please register John Doe for the Do Not Mail and Do Not Call/Fax Service.

I understand:

- This registration will take approximately six weeks to take effect.
- All CMA member companies will remove John Doe from their new-contact marketing lists.
- John Doe will be retained on the deletion service for three years.
- Registering may prevent offers from companies John Doe normally heard from (i.e. catalogues, coupon/sample mailers);
- This service cannot stop flyers and other unaddressed advertising mail.

John Doe's residential address at death was:

123 Mary Street
Ottawa, ON
K0A 2W0,

Spelling variations of name used on mailing labels:

First Name: _____ Last Name: _____
First Name: _____ Last Name: _____
First Name: _____ Last Name: _____

Thank you for your assistance in registering John Doe for the Do Not Contact/Call Service.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Thursday, July 8, 2021

Private/Union Pension Company Name

Attention: Claims Specialist
CONFIDENTIAL

To Whom It May Concern,

Re: Pension Plan Reference No.: _____
Pensioner: John Doe
Date deceased: 1 January 2021

As the executor of John Doe's estate, I request that you indicate what is required to process a death benefits claim, survivor benefits claim and all other claims which may apply to the estate of this pension holder.

Please contact me at your earliest convenience to advise:

- What form of claimant's statement is required
- What additional documentation is required
- Who will be overseeing this claim process

Thank you for immediate attention to this matter. I look forward to your prompt reply.

Respectfully,

Mary Doe
123 Mary Street
Ottawa, ON
K0A 2W0
613-613-6133

Social Media

In today's society an important part of estate planning includes the online presence and accounts belonging to an individual, such as Facebook, Instagram, PayPal, email etc. Like all other tasks for the executor, dealing with the online footprint of someone after they have died is an important part of their duties. For example, Facebook provides two options for an account after a death has occurred. The account can either be deleted or memorialized, the latter allowing continued posts of remembrance. It is best to check with each online provider and follow their guidelines.

Social media sites: notification of death and closing accounts

Apple

To close or suspend a deceased person's account you must deal directly with Apple support. Click on the link below and select the *contact us* option to begin the process.

[Apple/support](#)

Facebook

Facebook offers two options; deleting the profile or memorializing it to allow people to add posts of remembrance.

If it's memorialized, the profile cannot be altered, but existing friends and family will be able to search for the profile and comment on the wall. They take measures to protect privacy of the deceased member by securing the account and the profile is not made public.

To remove the account, verified immediate family members may request the removal of a loved one's account from Facebook. You will be required to produce the deceased's birth certificate, death certificate, and proof that you are authorized to close the account.

To have a Facebook profile memorialized or deleted, click the following link.

[Facebook help](#)

Google+, Gmail and YouTube

Google may or may not be able to provide you with the content of the deceased's email account. To begin your request, you must complete the online form and provide supporting documentation such as a death certificate and personal identification. Follow the link below to select your options.

[Google/Support](#)

Instagram

Instagram's policy is to close the account of a deceased person, but they are unable to provide anyone with login information. They will require proof of death such as a death certificate or an obituary. If more information is required, they will contact you via the email address you will provide upon report. You can submit a report of a deceased person at the following link and type the word *deceased* in the search bar to access your options.

[Instagram help](#)

LinkedIn

LinkedIn's process is a simple one. You do not need a death certificate for processing, all you will need to know is the account holder's most recent place of employment. Instructions on how to submit this form and the information required can be found on at this link below by typing the word *deceased* in the search bar.

LinkedIn help

Microsoft

The Microsoft Next of Kin process supports the following accounts: email accounts ending in **@outlook.com**, **@hotmail.com**, **@live.com**, **@windowlive.com**, or **@msn.com**.

To request that the contents of the email account be released to you, or to request the closure of the account, For more information visit Microsoft answers.

Microsoft answers

MySpace

Notify the help centre that the death has occurred by emailing: accountcare@support.myspace.com with the deceased's MySpace ID, your email address, relation to the deceased and proof of death (i.e. death certificate or obituary). In your request please specify whether you would like to **preserve**, **delete** or **remove** information from the profile.

PayPal

To close the account of someone who died, the estate executor is required to fax the following information to (402) 537-5732:

- A cover letter that states that the account holder is deceased and the executor wishes to close the account.
- A copy of the death certificate.
- A copy of the deceased account holder's will or legal documentation that verifies you have power of attorney or executorship of a trust for the account holder.
- A copy of a photo ID of the executor.

To confirm this information, please click on the link below.

PayPal support

Pinterest

Pinterest's policy is to close the account of a deceased person but they are unable to provide anyone with login information.

To deactivate an account, please click the link below.

Pinterest support

Skype

The easiest way to close a Skype account is to not use it anymore. Skype does not allow for accounts to be deleted once they have been created. They can, however, remove the listing from the directory. They do not provide telephone support, you must be signed in to Skype to get assistance or contact them. If you do not have a Skype account, or the deceased person's account information, you will have to create an account in order to get assistance.

If you **do** have the deceased's account information, click the line below.

Skype support

Tumblr

In order to delete through Account Settings, you must be logged into the account. If you want to email Tumblr, click the line below, fill in the required fields to discuss the account deletion options.

[Tumblr/support](#)

Twitter

In the event of a death, Twitter will work with the executor to have an account deactivated. There are a number of required steps. Click on the link below and type the word *death* in the search bar to begin the process.

[Twitter support](#)

Yahoo and Flickr

Yahoo will assist with deleting an account after someone has died. Click on the link below and type the word *death* in the search bar to begin the process.

[Yahoo/support](#)

Email Accounts

Once you have access to email account information, it may be advantageous to redirect the deceased's email to your email address, much as you would letter mail. Check sent messages and deleted items for personal and business-related correspondence. As a courtesy, inform individuals in the address book of the deceased's passing, especially if this might be their only means of knowing.



ASKING FOR A CLEARANCE CERTIFICATE

Instructions

Who can request a Clearance Certificate?

Use this form if you are the legal representative for an estate, business, or property and you are asking for a clearance certificate before distributing the assets of the estate, business, or trust. A legal representative includes an executor, administrator, liquidator, trustee, or like person other than a trustee in bankruptcy. The TX19 form should be signed by all legal representatives.

Important – Do not send us this form until:

- you have filed the required tax return(s) and have received the related notice(s) of assessment;
- you have received the notice(s) of reassessment if you sent a request(s) for reassessment; and
- you have paid or secured all income taxes (including the provincial or territorial taxes we administer), Canada Pension Plan contributions, employment insurance premiums, and any related interest and penalties.

Do **not** attach this form to the tax return.

For more information, refer to Information Circular IC82-6, *Clearance Certificate*, visit cra.gc.ca, or call 1-800-959-8281.

Required Documents

Important – If the following required documents are not provided, your request will not be processed.

For T1 Deceased and T3 Trust, we require:

- a complete and signed copy of the taxpayer's will, including any codicils, renunciations, disclaimers, and all probate documents if applicable. If the taxpayer died intestate (without a will), attach a copy of the document appointing an administrator (for example, the Letters of Administration or Letters of Verification issued by a provincial court);
- a copy of the trust agreement or document for inter vivos trusts;
- any other documents that are necessary to prove that you are the legal representative;
- a detailed list of the assets that were owned by the deceased at the date of death, including all assets that were held jointly and all registered retirement savings plans and registered retirement income funds (including those with a named or designated beneficiary), their adjusted cost base (ACB) and fair market value (FMV) at the date of distribution by the estate;
- a list, description, and the ACB of all assets transferred to a trust as well as the FMV at the date of distribution;
- a detailed statement of distribution of the assets of the trust or the deceased's estate to date;
- a statement of proposed distribution of any holdback or residual amount or property;
- the names, addresses, and social insurance numbers or account numbers of any beneficiaries of property other than cash; and
- a completed Form T1013, *Authorizing or Cancelling a Representative*, signed by all legal representatives, authorizing a representative such as an accountant, notary, or lawyer if you want us to communicate with any other person or firm, or you want the clearance certificate sent to any address other than your own.

For T2 (Corporation), we require:

- a copy of the director's or shareholder's resolution confirming the intention to dissolve the corporation and the date of dissolution;
- a completed Form RC59, *Business Consent*, signed by all legal representatives, authorizing a representative such as an accountant or lawyer if you want us to communicate with any other person or firm, or if you want the clearance certificate sent to any address other than your own; and
- a statement of distribution of the company assets to date as well as the scheme of the distribution of company assets at the date of wind-up.

Additional documents or information may be requested to support this application.

Where to send this form

Send this form to your regional tax services office.

Atlantic Region:

Nova Scotia Tax Services Office
Estates and Trusts Audit
47 Dorchester Street
Sydney NS B1P 6K3

Ontario Region and Nunavut:

Sudbury Tax Services Office
Audit – Clearance Certificates
1050 Notre Dame Avenue
Sudbury ON P3A 5C1

Pacific Region:

For Vancouver, Fraser Valley, and Northern BC/ Yukon tax services offices, send it to:

Vancouver Tax Services Office
Estates and Trusts Audit
9755 King George Boulevard
Surrey BC V3T 5E1

Quebec Region:

Western Quebec Tax Services Office
Audit – Clearance Certificates
44 du Lac Avenue
Rouyn-Noranda QC J9X 6Z9

Prairies Region and the Northwest Territories:

Winnipeg Tax Services Office
Audit – Clearance Certificates
Post Office Box 1022
Winnipeg MB R3C 2W2

For Victoria and Southern Interior BC tax services offices, send it to:

Vancouver Island Tax Services Office
Estates and Trusts Audit
9755 King George Boulevard
Surrey BC V3T 5E1

Thank You For.....

For Those Who Sent Flowers:

Thank you so much for your thoughtfulness and the beautiful flowers (or substitute the beautiful flowers for the specific type of service they provided for). Our family (and/or I) greatly appreciate your kindness and support during this difficult time. Sincerely, The Smith Family

Sending you our sincere gratitude for the blue florals or flowers you sent. It truly served as a special reminder of your friendship with Dad. Fondly, Sue and John Adams.

A General Thank You:

It is difficult to find words to express how thankful we are for your expression of love to our family during this truly difficult time. We are very grateful for the friendship that we share. Warm Regards, The Evans Family

How truly grateful we are to have wonderful friends like you! Your love and support for our family has been very much appreciated during this time of loss. Thanks again, Tom and Family

Our family wishes to convey our sincerest appreciation for your prayers and support during (deceased name) passing. We are blessed to have friends like you and are thankful for all you've done. Love, Jeff and Lisa Thomas

For Clergy or Pastor:

We would like to thank you for your support, ministry, and encouragement during this difficult time. Your words are inspirational and was a comfort for all who attended. Sincerely, The Jones Family

We wish to express our sincere appreciation for your words of comfort at (Deceased name) memorial service. We are encouraged and blessed to know that he/she is in the company of our Lord. Blessings, Carol and Dave Anderson

Thank you so much for your support and care for our family during the loss of our loved one. We were comforted by your message of hope and kindness. Most Sincerely, Susan Johnston

For the Funeral Music:

We are thankful for the beautiful music or song you provided during (Mothers/Fathers or deceased name) service. It was truly beautiful and honoured her memory. Sincerely, Joe and Maria James

Memorial Contributions or Donations:

We appreciate your recent contribution to the (name of organization) in honour of (deceased name). Thank you for the special remembrance of him through this special contribution. Warm Regards, The Lee Family

Food, Meal Preparation:

We want to personally thank you for the delicious food preparations or meals you provided for our family. This token of love is greatly appreciated by each one of us during our time of loss. Love, Janie and Joe Mann

Co-workers, Work Environment Friends:

I am so thankful for your support that you've shown me during the loss of my father. Words cannot simply express how grateful I am for your extra help in my absence. It helps to return to work much easier with friends like you present. Best regards, Julie Davies

Friends and Family Volunteer Services:

We really appreciate your acts of kindness and helping hand for our family before/during/after the funeral service. It was comforting to us to know these details were in your hands. Thanks again, David Thompson

Those Who Sent Sympathy Cards and Emails:

Thank you for your thoughtfulness and special card you sent during this time. We appreciate it so much! Fondly, The Smith Family

We received your email and are thankful for your thoughts and support for our family during this difficult time. Thanks so much for remembering us and sending your words of encouragement. Lovingly, Jennifer Taylor

Family Acknowledgements written on Funeral Programs:

We wish to express our sincere appreciation for all your love and support during our time of loss. Thank you all for acts of kindness to our family.

Thank you everyone for the many expressions of kindness, support and love you have shown to us during this period of bereavement for our family. It has been a comforting blessing to each of us.

May God bless you for all your acts of kindness and expressions of sympathy in our great loss. We sincerely appreciate the token of love you have provided and which means so much to our family.

The family would like to take this opportunity to express our sincerest appreciation for the thoughtfulness presented to us and the love we have been given during our time of bereavement. May God Bless You.

We deeply appreciate your kind expression of sympathy in our time of great sorrow. Thank you for keeping us in your thoughts and prayers.

Citizenship & Immigration Canada

Case Processing Centre

Ontario Shared Services

Revenue and Billing Management
LCS Operations

Service Canada

CPP Death Benefit

Service Ontario

Provincial ID Card

Service Canada

CPP Survivor Benefit

Service Ontario

Accessible Parking Permit

Canada Revenue Agency

Specialty Tax Services Office
Executor Notification

Equifax Canada Inc.

Customer Relations Department

Provincial Tax Office

GST Credit

Canadian Marketing Association

Passport Program

Global Affairs Canada

Social Insurance Registration

Service Ontario

Health Coverage

Sudbury Tax Services Office

Audit – Clearance Certificates