



Application For Statement of Contributions Canada Pension Plan

This application may only be submitted and signed by the contributor or his/her legal representative. Pursuant to Section 96 of the Canada Pension Plan, I hereby apply to be informed of the amount of my contributions and my unadjusted pensionable earnings shown on my account in the record of earnings.

It is very important that you:

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

Social Insurance Number Must Be Provided

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

QUESTIONS OR COMMENTS?

PLEASE RETURN
YOUR COMPLETED
FORM TO:



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

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