Canada Disability Benefit

Request for Payment on Behalf of a Deceased Beneficiary

If you're reading this following the loss of a loved one, please accept our condolences.

When someone passes away, please inform Service Canada as soon as possible to avoid an overpayment. You will need to cancel the benefit on behalf of the deceased person. Any payment(s) owing will be issued by cheque to "The Estate of the Beneficiary" and mailed C/O (Care of) the person named in Section B to the address provided.

When to fill out this form?

Fill out this form if:

- you need to request payments on behalf of a beneficiary who was receiving the Canada Disability Benefit and has passed away, and
- no one has been officially designated to handle their estate, or the estate has already been settled

If there is an executor, or administrator for the estate, do not complete this form. Please contact Service Canada for guidance, using the contact information found under "If you have questions"

How to complete and submit this form:

1. Complete all fields unless marked as optional.
2. You must complete **Sections A and B.**
3. Choose a witness and have them complete **Section C.**
4. You and the witness must sign and date **Section D.**
5. Once complete, you can choose to **mail us the form** or bring it to a **Service Canada Centre**.
   - Service Canada Centre : Bring this form to one of the offices listed at canada.ca/service-canada-office or
   - **Mail:** Put this form in a stamped envelope and mail it to the Canada Disability Benefit (CDB) Processing Centre:

Service Canada Centre
CDB Processing Centre
P.O. Box 60
Boucherville, QC, J4B 5E6

If you have questions:

- Go online at canada.ca/disability-benefit to view information about the Canada Disability Benefit
- Call the Canada Disability Benefit call centre at 1-833-486-3007. If you are outside Canada, please call 1-833-486-2919
- Use a teletypewriter (TTY) at 1-833-467-2700
- Use a sign language interpreter to call the dedicated video relay service (VRS) line. To use the service, register at srvcanadavrs.ca
- Visit a Service Canada Centre near you canada.ca/service-canada-office

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Section A - Information About the Deceased

1. Social Insurance Number (999 999 999)		2. Date of Death (YYYY/MM/DD)	
3. First Name		Last Name	
4. Deceased's Last Mailing Address (Include street number, street name and unit, apartment, or suite number (if applicable))			
City/Town	Province/Territory/State/Region	Postal Code/Zip Code	Country

Section B - Your Personal Information

1. First Name	Last Name	2. Relationship to the Deceased	
3. Mailing Address (Include street number, street name and unit, apartment, or suite number (if applicable))			
City/Town	Province/Territory/State/Region	Postal Code/Zip Code	Country
4. Telephone Number (999) 999-9999		Alternate Telephone Number (Optional) (999) 999-9999	

Section C - Witness Information

1. First Name	Last Name	2. Relationship to the Person in Section B	
3. Mailing Address (include street number, street name and unit, apartment, or suite number (if applicable))			
City/Town	Province/Territory/State/Region	Postal Code/Zip Code	Country
4. Telephone Number (999) 999-9999		Alternate Telephone Number (Optional) (999) 999-9999	

Social Insurance Number of Deceased:

Section D - Declaration and Signatures

To my knowledge:

- the person named in "**Section A - Information about the deceased**", was receiving the Canada Disability Benefit;
- no one has been officially designated to handle their estate, or the estate has already been settled;
- they were owed Canada Disability Benefit payment(s) at the time of their death.

NOTE: Giving false or misleading information could lead to a fine, or other penalties. If benefits are received without proper entitlement, they will need to be paid back.

Your Signature:	**Date: (YYYY-MM-DD)**
Witness signature:	**Date: (YYYY-MM-DD)**