Indemnity Agreement

(Old Age Security and Canada Pension Plan)

CPP ☐ OAS ☐

It is very important that you:
- use a **pen** and **print** as clearly as possible.

Deceased's Social Insurance Number

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss

Deceased's Usual First Name and Initial	Last Name

Deceased's Last Address (No., Street, Apt., PO Box, RR)	City

Province or Territory	Country, if other than Canada	Postal Code

Because the person named above, who was receiving benefits under the *Old Age Security Act* and/or the *Canada Pension Plan* died at _____ (city, town) on the _____ (day) day of _____ (month) , _____ (year) .

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

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

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

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

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

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

SIGNED, SEALED AND DELIVERED in the presence of Signature of witness	 Signature
Name of witness - please print	Name - please print
Address of witness	Address
Area code and telephone number of witness	Area code and telephone number
Occupation of witness (preferably a magistrate, notary, doctor, bank manager, member of the clergy, etc.)	Service Canada may contact you by email to provide you with information or ask you to call us. Personal information will not be requested or shared. Email address (optional)
	Relationship, if any, to the deceased

Service Canada

Service Canada Offices
Canada Pension Plan

Mail your forms to:
The nearest Service Canada office listed below.
From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?
Canada or the United States: **1-800-277-9914**
All other countries: **1-613-957-1954** (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 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON
Service Canada
PO Box 1177 Station CSC
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