

Canada / Portugal Agreement

Applying for a Portuguese Death Benefit

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton, AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

**REQUERIMENTO DE PRESTAÇÕES POR MORTE DA SEGURANÇA SOCIAL PORTUGUESA
AO ABRIGO DO ACORDO SOBRE SEGURANÇA SOCIAL ENTRE PORTUGAL E O CANADÁ**

**APPLICATION FOR PORTUGUESE DEATH BENEFITS
UNDER THE PORTUGAL - CANADA SOCIAL SECURITY AGREEMENT**

**DÉMANDE DE PRESTATIONS PORTUGAISES DE DÉCÈS AUX TERMES DE L'ACCORD
DE SÉCURITÉ SOCIALE ENTRE PORTUGAL ET LE CANADA**

PREENCHER EM LETRA DE IMPRENSA / PLEASE PRINT / ÉCRIVEZ EN LETTRES MOULÉES

**1. INFORMAÇÕES SOBRE O REQUERENTE / INFORMATION CONCERNING THE APPLICANT / RENSEIGNEMENTS
CONCERNANT LE REQUERENT**

1.1. Nomes próprios / First names / Prénoms		Apelidos / Surnames / Noms de famille	
Cidadãos de origem portuguesa devem indicar os nomes e apelidos tal como constam em documento oficial português (bilhete de identidade ou no passaporte) Citizens of Portuguese origin must indicate their first names and surnames as shown on an official Portuguese document (identity card or passport) Les citoyens d'origine portugaise doivent indiquer leurs prénoms et noms de famille tels qu'indiqués sur un document officiel portugais (carte d'identité ou passeport)			
1.2. Endereço Address Adresse	Número, rua, apart., caixa postal Number, Street, Apt., P.Q. Box Numéro, rue app., case postale Província ou território Province or Territory Province ou territoire	Cidade ou localidade City or Town Ville ou village Código postal Postal Code Code postal	
1.3. Número fiscal de contribuinte em Portugal / Taxpayer number in Portugal / Número fiscal au Portugal			
(Se possuir cartão de contribuinte, juntar fotocópia) (If you have a taxpayer card, please enclose a photocopy) (Si vous possédez une carte fiscale, veuillez inclure une photocopie)			
1.4. Grau de parentesco com o segurado Relationship to the insured person Lien de parenté	Data de nascimento Date of birth Date de naissance Dia Mês Ano Day Month Year Jour Mois Année ____/____/____	Data de casamento com o segurado Date of marriage to the insured person Date de mariage à l'assuré Dia Mês Ano Day Month Year Jour Mois Année ____/____/____	
1.5. Estado civil (marcar V) / Marital status (check the appropriate box) / État civil (nochez la case appropriée)			
☐ Solteiro(a) ☐ Single ☐ Célibataire ☐ Casado(a) ☐ Married ☐ Marié(e) ☐ Viúvo(a) ☐ Widow(er) ☐ Veuf(veuve) ☐ Divorciado(a) ☐ Divorced ☐ Divorcé(e) ☐ Separado (a) ☐ Separated ☐ Séparé(e)			
O cônjuge separado judicialmente de pessoas e bens, ou divorciado deve certificar que recebia pensão de alimentos fixado por sentença judicial The divorced or separated spouse must certify that he/she received alimony by a judicial decision Le conjoint divorcé ou séparé, doit certifier qu'il recevait une pension alimentaire accordée par jugement			

2. INFORMAÇÕES SOBRE O SEGURADO FALECIDO / INFORMATION CONCERNING THE DECEASED INSURED PERSON / RENSEIGNEMENTS CONCERNANT L'ASSURÉ DÉCÉDÉ

2.1. Nomes próprios / First names / prénoms _____		Apelidos / Surnames / Nom de famille _____					
Cidadãos de origem portuguesa devem indicar os nomes e apelidos tal como constam em documento oficial português (bilhete de Identidade ou passaporte) Citizens of Portuguese origin must indicate the first names and surnames as shown on an official Portuguese document (identity card or passport) Les citoyens d'origine portugaise doivent indiquer leurs prénoms et noms de famille tels qu'indiqués sur un document officiel portugais (carte d'identité ou passeport)							
Número da Segurança Social Portuguesa Portuguese Social Security Number Numéro d'assurance sociale du Portugal 		Número da Segurança Social no Canadá Canadian Social Insurance Number Numéro d'assurance sociale du Canada 					
2.2. Data de nascimento Date of birth Date de naissance Dia Mês Ano Day Month Year Jour Mois Année ____/____/____	Lugar de nascimento Place of birth Lieu de naissance _____ _____	Cidade ou localidade City or Town Ville ou village _____ _____	Distrito ou provincia District or Province District ou province _____ _____				
Freguesia Parish Paroisse _____		País Country Pays _____					
2.3. Data do falecimento Date of death Date de décès Dia Mês Ano Day Month Year Jour Mois Année ____/____/____	Era pensionista ou tinha requerido pensão ? ☐ Sim ☐ Não Was the deceased receiving or had he or she applied for a pension ? ☐ Yes ☐ No L'assuré nécédé recevait-il (elle) une pension ou avait-il (elle) demandé une pension ? Oui Non						
INSTITUIÇÃO DEVEDORA DA PENSÃO / PAYING INSTITUTION / INSTITUTION DÉBITRICE _____							
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> CAUSA DA MORTE: CAUSE OF DEATH: CAUSE DU DÉCÈS: </td> <td style="width: 25%; vertical-align: top;"> Doença natural ☐ Sim ☐ Não Natural illness ☐ Yes ☐ No Maladie naturelle Oui Non </td> <td style="width: 25%; vertical-align: top;"> Acidente de trabalho ☐ Sim ☐ Não Work-related accident ☐ Yes ☐ No Accident du travail Oui Non </td> <td style="width: 25%; vertical-align: top;"> Doença profissional ☐ Sim ☐ Não Occupational disease ☐ Yes ☐ No Maladie professionnelle Oui Non </td> </tr> </table>				CAUSA DA MORTE: CAUSE OF DEATH: CAUSE DU DÉCÈS:	Doença natural ☐ Sim ☐ Não Natural illness ☐ Yes ☐ No Maladie naturelle Oui Non	Acidente de trabalho ☐ Sim ☐ Não Work-related accident ☐ Yes ☐ No Accident du travail Oui Non	Doença profissional ☐ Sim ☐ Não Occupational disease ☐ Yes ☐ No Maladie professionnelle Oui Non
CAUSA DA MORTE: CAUSE OF DEATH: CAUSE DU DÉCÈS:	Doença natural ☐ Sim ☐ Não Natural illness ☐ Yes ☐ No Maladie naturelle Oui Non	Acidente de trabalho ☐ Sim ☐ Não Work-related accident ☐ Yes ☐ No Accident du travail Oui Non	Doença profissional ☐ Sim ☐ Não Occupational disease ☐ Yes ☐ No Maladie professionnelle Oui Non				
2.4. O falecido trabalhou noutros países e esteve aí abrangido pela segurança social ? ☐ Sim ☐ Não Did the deceased work in other countries where he or she had social security coverage? ☐ Yes ☐ No Est-ce que l'assuré décédé a travaillé dans un autre pays où il ou elle a été assujetti(e) à la sécurité sociale ? Oui Non							
País / Country / Pays _____		Datas / Dates / Dates De / From / De Até / To / À ____/____/____ ____/____/____					
2.5. Caixas ou Centros regionais de Segurança Social para onde o falecido descontou em Portugal Social Security Funds or Regional Centres to which the deceased contributed in Portugal Caisses ou Centres Régionaux de Sécurité Sociale où l'assuré décédé a cotisé au Portugal							
Denominação / Name / Nom _____	Número da Segurança Social Social Security Number Numéro d'assurance sociale _____	Datas / Dates / Dates De / From / De Até / To / À ____/____/____ ____/____/____					

3. **INFORMAÇÕES SOBRE OS DESCENDENTES DO FALECIDO**
INFORMATION CONCERNING THE CHILDREN OF THE DECEASED
RENSEIGNEMENTS CONCERNANT LES ENFANTS DE L'ASSURÉ DÉCÉDÉ

3.1 Indicar os descendentes: / Children to be mentioned: / Indiquer les enfants:

- Até aos 18 anos de idade / Up to 18 years of age / Agé de moins de 18 ans
- Dos 18 anos aos 25 anos se estudantes em curso secundário, complementar, médio ou superior
 From 18 to 25 years of age if attending secondary school, a complementary or technical course, or university
 Agé de 18 à 25 ans et étudiant en cours secondaire, complémentaire, moyen ou supérieur
- Até aos 27 anos se frequentarem cursos de pós-graduação (ex: mestrado)
 Up to 27 years of age if attending a post graduate course (e.g: a master's degree)
 Agé de moins de 27 ans et étudiant un cours post graduation (p.ex:maitrise)
- Sem limite de idade se total e permanentemente incapacitados
 Without age limit in case of totally and permanently handicaped
 Quel que soit l'âge en cas d'invalidité permanente et totale
- (Deve juntar-se documento comprovativo de qualquer situação verificada após os 18 anos de idade)
 (Please certify situation after 18 years of age)
 (On doit joindre documentation certifiant la situation des enfants âgés de 18 ans ou plus)

NOMES COMPLETOS COMPLETE NAMES NOM COMPLET	Data de nascimento Date of birth Date de naissance	Situação Escolar Education / Education (Indique o curso / / Specify course / / Précisez cours)	Exercício de profissão Occupation Profession (Sim ou não /Yes or no / Oui ou non)
1 _____	____/____/____	_____	_____
2 _____	____/____/____	_____	_____
3 _____	____/____/____	_____	_____

3.2 O FALECIDO ERA EM RELAÇÃO AOS DESCENDENTES / RELATIONSHIP OF THE DECEASED TO THE CHILDREN / LIEN DE PARENTE DE L'ASSURÉ DÉCÉDÉ AVEC LES ENFANTS

☐ Pai Father Père	☐ Mãe Mother Mère	☐ Avô ou Avó Grandfather or grandmother Grand-père ou Grand-mère	☐ Padrasto ou Madrasta Stepfather or Stepmother Beau-père ou Belle-mère
☐ Pai / Mãe - Adoptivo (adopção plena) Adoptive Father / Mother Père adoptif / Mère adoptive		☐ Outro parente Other relationship Autre lien de parenté	

4. **INFORMAÇÕES SOBRE REQUERENTE COM NECESSIDADE DE ASSISTÊNCIA PERMANENTE DE TERCEIRA PESSOA**
CLAIMANT NEEDING THE CONSTANT ASSISTANCE OF ANOTHER PERSON
RENSEIGNEMENTS CONCERNANT LE REQUERANT QUI À BESOIN DE L'ASSISTANCE CONSTANTE D'UNE TIERCE PERSONNE

Identificação / Identification / Identification
Identificação da terceira pessoa que presta assistência Identification of the person who assists the claimant Identification de la tierce personne qui assiste le requérant
Endereço completo / Complete Address / Adresse
Considera-se que uma pessoa tem necessidade de assistência permanente de uma terceira pessoa quando não possa praticar com autonomia os actos indispensáveis à satisfação das necessidades humanas básicas - (cuidados de higiene pessoal, alimentação, locomoção). DEVE SER CERTIFICADO ATRAVÉS DE RELATÓRIO MÉDICO. The person concerned is deemed to need constant assistance of another person when the ordinary activities of everyday life can not be performed by him/herself - (personal hygiene, feeding, movement). MEDICAL REPORT MUST BE PRESENTED. Or considère qu'une personne a besoin de l'assistance constante d'une tierce personne si elle ne peut pas s'occuper d'elle même - (hygiène personnelle, alimentation, locomotion). ON DOIT PRÉSENTER UN RAPPORT MÉDICAL.

5. **DECLARAÇÃO DO REQUERENTE / DECLARATION BY APPLICANT / DECLARATION DU REQUÉRANT**

Pelo presente, solicito as prestações por morte da Segurança Social Portuguesa. Declaro que pelo conhecimento que tenho sobre as informações dadas no presente requerimento estas são verdadeiras e completas e comprometo-me a avisar o Centro Nacional de Pensões de qualquer alteração que possa afectar o direito às prestações.

I hereby apply for Portuguese death benefits. I declare that, to be best of my knowledge, the information provided in this application is accurate and complete and I undertake to inform the National Pension Centre of Portugal of any changes which may affect my entitlement to benefits. Par les présentes, je demande des prestations portugaises de décès. Je déclare qu'à ma connaissance, les renseignements fournis dans la présente demand sont véridiques et complets et je m'engage à avisar le Centre National des Pensions du Portugal de tout changement pouvant affecter le droit aux prestations.

Assinatura / Signature / Signature

____/____/____
Data / Date / Date

DECLARAÇÃO DA TESTEMUNHA SE O REQUERENTE ASSINOU POR MEIO DE (X)

DECLARATION OF WITNESS WHEN APPLICANT SIGNS BY MARK (X)

DECLARATION DU TÉMOIN SI LE REQUÉRANT SIGNE D'UNE CROIX (X)

NOTA: A assinatura feita por meio de uma cruz (x) só é válida quando esta declaração é assinada por testemunha que conhece o requerente.
NOTE: Signature by mark (x) is acceptable if a witness who knows the applicant signs this declaration.
À NOTER: La signature au moyen d'une croix (x) n'est valide que si un témoin qui connaît le requérant signe cette déclaration.

Li o conteúdo do presente pedido ao requerente que pareceu compreendê-lo e assinou com uma (x).

I Have read the contents of this application to the applicant who appeared to understand them and who made his or her mark (x).

J'ai lu le contenu de la present demande au requérant qui a semblé le comprendre et qui a signé d'une croix (x).

ASSINATURA DA TESTEMUNHA (em letra corrente)
SIGNATURE OF WITNESS (do not print)
SIGNATURE DU TÉMOIN (ne pas signer en lettre moulées)

Data
Date
Date

ENDEREÇO DA TESTEMUNHA
ADDRESS OF WITNESS
ADDRESS DU TÉMOIN

Nº de Telefone
Telephone nº
Nº de telephone

6. **PARA USO EXCLUSIVO DOS SERVIÇOS / FOR OFFICE USE ONLY / À L'USAGE EXCLUSIF DU BUREAU**

Para ser completado pela instituição competente do Canadá
To be completed by the competent institution in Canada
À être complété par l'institution compétente du Canada

Certifico que os elementos de identificação contidos no presente formulário foram retirados dos documentos oficiais apresentados pelo requerente.

I hereby certify that the vital statistics data contained on this form are taken from official documents provided by the applicant.

Par les présentes, j'atteste que les données personnelles inscrites sur ce formulaire ont été tirées des documents officiels fournis par le requérant.

Data de entrada do requerimento
Date application received
Date de réception de la demande

Dia Mês Ano
Day Month Year
Jour Mois Année

____/____/____

Data / Date / Date ____/____/____

Carimbo ou selo branco
Stamp or blank seal
Timbre ou sceau sec

Assinatura / Signature / Signature

Canada/Portugal Agreement

Documents and/or information required to support your application [CDN-P 2 for a Portuguese Death Benefits

You must complete the attached form(s):

- ***Canadian Residence – Information regarding the deceased [SC ISP5015]*** (only if the deceased had less than 3 years of contributions to the Canada Pension Plan)

You must submit originals or certified true copies of the following documents:

- Birth certificate or Cédula Pessoal (for you, the deceased and dependent children)
- An official Portuguese document indicating the full name, birth and birthplace for you and the deceased (such as: birth or baptismal certificate, Cédula Pessoal, identity card, or passport)
- Marriage certificate (if applicable)
- Judicial decision regarding alimony paid by the deceased (if divorced or separated)
- Death certificate
- Proof of the dates of the deceased's entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.) (*only if the deceased had less than 3 years of contributions to the Canada Pension Plan*)
- Medical report if you require the constant assistance of another person. If this is the case, you must also complete section 4 of the application form.

A copy of the following document must be submitted:

- Taxpayer card (if available)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you must still resubmit them.



Canadian Residence - Information Regarding a Deceased Person

Canadian Social Insurance Number: _____

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Miss

Given Name and Initial

Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If the deceased was born outside of Canada, please provide us with the following information:

Date of arrival in Canada (YYYY-MM-DD): _____

Place of arrival in Canada: _____

2. List all the places where the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	To YYYY-MM-DD	City	Province/Territory

3. List all absences from Canada, which were longer than six months, during his/her Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	Return YYYY-MM-DD	Destination	Reason

Service Canada delivers Employment and Social Development Canada
programs and services for the Government of Canada

Canadian Social Insurance Number: _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you or the deceased by blood or marriage, who can confirm his/her Canadian residence:

Name	Address	City	Telephone Number

Declaration of Applicant

I declare that this information is true and complete.

The personal information you provide is collected under the authority of the *Canada Pension Plan* or the *Old Age Security Act* to establish your entitlement to a benefit from a country with which Canada has concluded a social security agreement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, section 18 of the *Old Age Security Regulations* and in accordance with the Treasury Board Secretariat *Directive on the Social Insurance Number*. Completion of this form is voluntary. If you refuse to provide the information, Employment and Social Development Canada (ESDC) might be unable to facilitate your access to a foreign benefit.

The personal information you provide may be shared with a foreign agency when an agreement is in force. It may also be used for policy analysis, research and/or evaluation purposes. Your personal information is administered in accordance with the *Canada Pension Plan*, the *Old Age Security Act*, the *Department of Employment and Social Development 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 Banks ESDC PPU 116, 140, 146, and 390. Instructions for obtaining this information are in the government publication available online at www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/info-source and may be accessed at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada about how ESDC handles your personal information online at www.priv.gc.ca/en/report-a-concern 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 the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

Date (YYYY-MM-DD)

X

Telephone number