Public Works and Government Services Canada

Travaux publics et Services gouvernementaux Canada

PROTECTED "B" when completed

Pension Number

Statutory Declaration

Privacy Notice

Provision of the personal information is required pursuant to the *Department of Public Works and Services Act*, para. 7(1)(*d*) and s.13 and will be used for the purpose of administrating the *Canadian Forces Superannuation Act (CFSA)*. Refusal to provide the personal information, or the provision of incorrect information may result in loss of benefits and/or delays in processing incorrect pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCU 702 – Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

This form is required for purposes of Section 25 of the *Canadian Forces Superannuation Act* and should be completed by the survivor or other person(s) having custody and control of dependant children.

Province of _____ County of _____

In the matter of the *Canadian Forces Superannuation Act*

I, _____ of _____

(Name in Full) (Complete Address)

in the county of _____ province of _____

do solemnly declare:

that I am the _____ of the late _____

(Relation to deceased) (Name of the deceased)

of _____, in the

(Complete Address)

county of _____ province of _____

That the dependant children (include stepchildren and adopted children) now alive of the said late plan member, and their birth dates are as follows:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

That I have custody and control of all the above-named dependant children, OR the following dependant children:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it has the same effect as if made under oath.

Declared before me at _____
(City, Town or Village)

in the province of _____

on _____
Date (yyyy-mm-dd)

_____
Signature of Declarant

Signature of person authorized to take a Statutory Declaration. (Indicate whether a Justice of the Peace, Notary, Lawyer, Commissioner of Oaths (expiry date must be indicated), etc. and use stamp or seal)

Stamp

_____
Signature of person authorized

Expiry Date _____
(yyyy-mm-dd)

Send completed declaration to:
Public Works and Government Services Canada
Government of Canada Pension Centre - Mail Facility
150 Dion Boulevard
P.O. Box 9500
Matane QC G4W 0H3