



Pension Number

Statutory Declaration

Privacy Notice

Provision of the personal information is required pursuant to the *Department of Public Works and Government Services Act*, para. 7(1)(d) and s.13 and will be used for the purpose of administrating the *Royal Canadian Mounted Police Superannuation Act* (RCMPSA) and the *Royal Canadian Mounted Police Pension Continuation Act* (RCMPPCA). 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 the *Royal Canadian Mounted Police 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 *Royal Canadian Mounted Police 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 plan member)

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 is of the same force and effect as if made under oath.

Declared before me at

(City, Town or Village)

in the province of

on this _____ day of

(Month)

, _____ .
(year)



Signature of Declarant

Official Title (If applicable)

(Indicate whether Justice of the Peace, Commissioner for oaths, Notary, or other authorized person.)

Send completed declaration to:

Government of Canada Pension Centre - Mail Facility
150 Dion Boulevard, P.O. Box 8500 , Matane QC G4W 0E2