



DEEMED PERSON TO REPRESENT THE DECEASED CLIENT FOR THE PURPOSE OF ISSUING A T4A (OAS), T4A (P) and NR4 (Old Age Security and Canada Pension Plan)

INSTRUCTIONS

Complete this form IF:

- You are responsible for the income tax return of a deceased client and there is no executor; AND
- The deceased client was receiving benefits under the *Old Age Security Act* or the *Canada Pension Plan* at the time of death.

A. DECEASED CLIENT	
First and Last Name:	<input style="width: 100%;" type="text"/>
Social Insurance Number:	<input style="width: 100%;" type="text"/>
Date of death:	<input style="width: 100%;" type="text"/>
Last address:	<input style="width: 100%; height: 40px;" type="text"/>
The deceased was in receipt of (check one or both): OAS <input type="checkbox"/> CPP <input type="checkbox"/>	

B. PERSON TO REPRESENT DECEASED CLIENT	
First and Last Name:	<input style="width: 100%;" type="text"/>
Mailing Address:	<input style="width: 100%; height: 40px;" type="text"/>
Telephone Number:	(home) <input style="width: 100%;" type="text"/> (work) <input style="width: 100%;" type="text"/>
Nature of relationship to deceased:	<input style="width: 100%; height: 20px;" type="text"/>

STATEMENT AND REQUEST

I am responsible for the income tax return of the deceased client and there is no estate. I request to be recognized as the person to represent the deceased client in order to receive the tax information slips (T4A (OAS), T4A (P) and NR4, etc.).

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.

 Signature of person to represent deceased client

Date

FOR OFFICE USE ONLY

If approved, the person is recognized as the deemed person to represent the deceased client for the purpose of receiving the deceased client's tax information slips (T4A (OAS), T4A (P) and NR4, etc.).

Approve

Deny Reason: _____

 Authorized Signature

Date

Service Canada delivers Human Resources and Skills Development Canada
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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: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

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