

**Canada Post Corporation Registered Pension Plan**  
**Declaration of Attendance at an Educational Institution**

\*see terms and conditions on the back of the form



Section A (to be completed by the Dependent Child)

**Instructions to Student**

The information you provide below is collected under the authority of Canada Post Corporation for the administration of the Canada Post Corporation Registered Pension Plan. The completion of this form is mandatory and all information will be protected.

You must be presently enrolled as a full-time student at an Educational Institution before completing Section A of this declaration and Section B can only be completed, signed and dated after commencement of each academic year.

If you are applying for an allowance for the first time, complete a declaration for each Educational Institution attended since attaining age 18 or since the member's death, whichever is later.

**Please Print**

|                                                                   |      |                                                                               |                                                                                                                                                                                                               |                                                                                                                                            |         |
|-------------------------------------------------------------------|------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Deceased Member's Surname                                         |      | Given Name & Init.                                                            |                                                                                                                                                                                                               | Date of Death<br>YYYY   MM   DD                                                                                                            |         |
| Dependent Child's Surname                                         |      | Given Name & Init.                                                            |                                                                                                                                                                                                               | Date of Birth<br>YYYY   MM   DD                                                                                                            |         |
| Mailing Address                                                   |      |                                                                               |                                                                                                                                                                                                               |                                                                                                                                            |         |
| City                                                              |      | Province                                                                      |                                                                                                                                                                                                               | Postal Code                                                                                                                                | Country |
| Telephone No. (incl area code)                                    |      | Full time studies<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                                                                                                                                               | If full time student indicate:<br>Day <input type="checkbox"/> Evening <input type="checkbox"/> By correspondence <input type="checkbox"/> |         |
| Enrolled in Faculty or Program                                    |      |                                                                               |                                                                                                                                                                                                               | Apprenticeship Program<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                         |         |
| Full duration<br>(e.g. Sept 2009 to April 2013)                   |      | Current Semester or Academic Year<br>(e.g. Sept 2009 to April 2010)           |                                                                                                                                                                                                               |                                                                                                                                            |         |
| Month                                                             | Year | Month                                                                         | Year                                                                                                                                                                                                          | Month                                                                                                                                      | Year    |
|                                                                   |      | To                                                                            |                                                                                                                                                                                                               | To                                                                                                                                         |         |
| Continuous attendance in the<br>above program to the present date |      | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                   | If you have not attended the above program since attaining 18 or since the<br>member's date of death, whichever occurred later, please attach a statement<br>giving the duration and reasons for any absence. |                                                                                                                                            |         |

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete and I undertake to notify the Canada Post Pension Centre should I interrupt or terminate attendance at the Educational Institution noted in Section B. I hereby authorize the said Educational Institution to provide the Canada Post Pension Centre with the information regarding my enrollment and attendance. I also understand that it is an offence to make a false or misleading statement in this declaration.

|                             |      |
|-----------------------------|------|
| Dependent Child's Signature | Date |
|-----------------------------|------|



Section B (to be completed by the Educational Institution)

This section must only be completed, signed and dated after the student completes all appropriate areas in Section A and after the actual attendance commences.

To the best of our knowledge and belief, the answers in Section A are correct except as noted hereunder.

|                                   |         |                                                                                   |                                                                          |
|-----------------------------------|---------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Educational Institution   |         |                                                                                   | Registrar's Stamp or Seal                                                |
| Address                           |         |                                                                                   |                                                                          |
| Postal code                       | Country | Telephone No. (incl area code)                                                    |                                                                          |
| Authorized Official's Title       |         | Authorized Official's Name                                                        |                                                                          |
| Signature                         |         | Date                                                                              |                                                                          |
| When completed send this form to: |         |  | Canada Post Pension Centre<br>PO BOX 9104 Stn Main<br>CONCORD ON L4K 0R3 |

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**Payment of a Dependent Child's Allowance Beyond Age 18 under the Canada Post Corporation Registered Pension Plan**

**Conditions of Entitlement**

The Canada Post Corporation Registered Pension Plan provides that dependent children of certain deceased members can receive an allowance beyond age 18 if the following conditions are met.

The dependent child of a member must be:

1. between 18 and 25 years of age;
2. in full-time attendance at an Educational Institution, substantially without interruption, since
  - a) his/her eighteenth birthday; or
  - b) the member's death, whichever is later.

A substantial interruption is one which necessitates a withdrawal from school or delays enrolment. Short periods of illness and regular scholastic vacations do not constitute substantial interruptions in attendance. The circumstances of a substantial interruption must be outlined in the declaration on the reverse side of the form and will be examined to determine if they justify initiating or reinstating payment of an allowance. Note: Under no circumstances will entitlement to an allowance be established or reinstated:

1. where the break in attendance commences during an academic year and extends beyond the end of the following academic year; or
2. where the break in attendance commences after the completion of an academic year and extends beyond the end of the two following years.

**Method and Duration of Payment**

Where the administrator is satisfied that a dependent child meets the conditions of entitlement, payment will be made directly to the dependent child. The amount of the allowance will depend on the salary and length of pensionable service of the deceased member and the number of dependent children entitled to an allowance.

Where a dependent child is deemed to be entitled to an allowance, payment will commence with effect from the later of:

1. the date of the member's death; or
2. the date of the child reaches 18 years of age.

The payment will continue until the end of the month in which the current academic year ends. Payment will recommence for the following academic year upon receipt of a properly completed Declaration of Attendance at an Educational Institution. These forms are available on the Canada Post Pension website at [www.cpcpension.com](http://www.cpcpension.com) or by calling the Canada Post Pension Centre. Payment will be made on a retroactive basis for regular vacation periods, periods of illness, or other approved absences only if the dependent child commences or resumes full-time attendance at school immediately following such an absence. Entitlement to an allowance will terminate when the dependent child ceases attendance or attains age 25 during the academic year. Payments will cease at the end of the month in which such an event occurs. To have payment directed to your Financial Institution, you must complete an Authorization for Electronic Funds Transfer form. These forms are available on the Canada Post Pension website at [www.cpcpension.com](http://www.cpcpension.com) or by calling the Canada Post Pension Centre.

**Notification of a Change of Status**

It is the dependent child's responsibility to notify:

Canada Post Pension Centre  
PO BOX 9104 Stn Main  
CONCORD ON L4K 0R3

when any of the following events occur:

- you reach age 25;
- you terminate attendance at school;
- you change your mailing address.

Note: The school official must sign the declaration on the reverse side only after the dependent child completes all appropriate areas in Section A. The form should also bear the official stamp or seal of the Educational Institution.