



**SECTION 2 - GENERAL INFORMATION ABOUT THE CONTRIBUTOR OR APPLICANT FOR AN OLD AGE SECURITY PENSION (To be completed by all applicants)**3.  Male  Female

4. Given Name and Initial Family Name Family Name at Birth

5. Address (No. and Street, Apt. No.) City, Town or Village 6. Mailing Address:  
 same as question 5 or

Province or Territory Country Postal Code

7. Place of Birth 8. Name on Canadian Social Insurance Card  
 same as question 4 or

9. Indicate periods of residence and/or periods of employment in a country other than Canada and Luxembourg.

Name of Country	Social Security Number in that Country	Residence				Employment				Has a benefit been requested?	
		From		To		From		To		Yes	No
		Year	Month	Year	Month	Year	Month	Year	Month		
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

10. Since January 1, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31, 1958?  
Contributor  Yes  No Spouse or Common-law partner  Yes  No11A Marital Status  
 Single  Married  Separated  Divorced  Common-Law  Surviving spouse or common-law partner11B Spouse's or Common-law partner's Full Name 11C Spouse's or Common-law partner's Date of Birth  
Year Month Day**SECTION 3 - TO BE COMPLETED WHEN APPLYING FOR AN OLD AGE SECURITY PENSION (Otherwise, proceed to SECTION 4)**12. If born outside Canada, give date and place of entry into Canada.  
Year Month Day Place of Entry13. Indicate the legal status of your residence in Canada at the time of your departure from Canada.  
 Canadian Citizen  Temporary Resident Permit Holder (formerly known as Minister's Permit)  
 Permanent resident (formerly known as Landed Immigrant)  Other (please specify)

**14.** List the places where you have lived from birth to the present. Do not include changes within the same city, town or village. (If more space is needed, provide the information on a separate sheet of paper.)

From		To		City, Town or Village	Province or State	Country
Year	Month	Year	Month			

**15.** Give name, address and telephone number of two persons, not related to you by blood or marriage, with whom we can confirm the facts of your residence in Canada.

	Address	Telephone Number (including area, city or regional code)

**16.** Are you considered a resident of Canada for tax purposes?  Yes  No

If no, is your net world income for the year 2012 less than \$69,562 in Canadian dollars?  Yes  No  
(See the guide for more information)

**SECTION 4 - TO BE COMPLETED WHEN APPLYING FOR A CANADA PENSION PLAN RETIREMENT PENSION  
(Otherwise, proceed to SECTION 5)**

**17.** When do you want your pension to start?

**IMPORTANT: Please read the information sheet before completing this section.**

- Select one only**
- As soon as I qualify
- or
- At the age of 65 (your pension will start the month after your 65<sup>th</sup> birthday)
- or
- As of (indicate date) \_\_\_\_\_  
Year Month

**SECTION 5 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVOR'S PENSION OR A DEATH BENEFIT  
(Otherwise, proceed to SECTION 6)**

**A. GENERAL INFORMATION ABOUT THE APPLICANT**

<b>18.</b> Given Name and Initial	Family Name	Family Name at Birth
<b>19.</b> Address (No. and Street, Apt. No.)	City, Town or Village	<b>20.</b> Mailing Address: <input type="checkbox"/> same as question 19 or
Province or Territory	Country	

**21.** Applicant's relationship to the deceased contributor

**A. GENERAL INFORMATION ABOUT THE APPLICANT (CONTINUED)****22.** Is there an executor, administrator or legal representative of the estate of the deceased contributor?

- Yes If "Yes", indicate whether  Same as in questions 18 and 19 or  
 No  As shown below

Given Name

Family Name

Address (No. and Street, Apt. No.)

City, Town or Village

Province or Territory

Country

Postal Code

**B. INFORMATION ABOUT THE SURVIVOR****23.** Social Insurance Number in Canada**24.** Given Name

Family Name

Family Name at Birth

 Same as in question 18 or Same as in question 18 or Same as in question 18 or**25.** Are you disabled? Yes  No**26.** At the time of the contributor's death, were you residing with him or her? Yes  No**27.** At the time of the contributor's death, were you married to him or her? Yes  No**28.** If you were under age 45 at the time of the contributor's death, indicate if you were maintaining:

- a) a child of the contributor under age 18. If the child was not in your custody and control, please explain the circumstances on a separate sheet of paper.  Yes  No
- b) a disabled child of the contributor age 18 or over.  Yes  No
- c) a child of the contributor age 18 to 25 in full-time attendance at school or university. If "Yes", please indicate on a separate sheet of paper the child's name and birth date and the name of the school or university he or she is attending.  Yes  No

**29.** If "Yes" to any of the questions in 28, have you maintained the child from the time of the contributor's death to the present? Yes  No**SECTION 6 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVING CHILD'S BENEFIT (Otherwise, proceed to SECTION 7) Questions 31 and 32 to be completed only when the applicant is not the person named in question 18.**

<b>30.</b>	Full Name of Child	Date of Birth			For use by the Social Security Institution of Luxembourg only
		Year	Month	Day	
					Verified by: _____ _____

**31.** Given Name

Family Name

**32.** Address (No. and Street, Apt. No.)

City, Town or Village

Province or Territory

Country

Postal Code

**SECTION 7 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS.**

**NOTE: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.**

**33. Declaration and signature**

I declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize the social security institution of the country which is a Party to this Agreement to furnish to Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits.

The information you provide is collected under the authority of the *Old Age Security Act (OAS Act)* and the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, section 15 of the *OAS Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated. The SIN will also be used for income verification purposes with the Canada Revenue Agency to deliver better service to you, and minimize government duplication.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Human Resources and Skills Development Canada (HRSDC) will be unable to process your application.

The information you provide may be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

The information you provide may be shared within HRSDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of HRSDC may have entered into an agreement, and/or with nongovernmental third parties for the purpose of administering the *Canada Pension Plan*, the *OAS Act*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law, of the *OAS Act* and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *OAS Act*, the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank HRSDC PPU 146 (CPP) and Personal Information Bank HRSDC PPU 116 (OAS). Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following Web site address: [www.infosource.gc.ca](http://www.infosource.gc.ca). *Info Source* may also be accessed online at any Service Canada Centre.

**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 of  
Applicant** \_\_\_\_\_

Telephone Number  
(including area, city or regional code)

Date \_\_\_\_\_

Year      Month      Day

**NOTE: Signature by mark is acceptable if witnessed by any responsible person who must complete the declaration on the following page.**

**34. Declaration of witness**

I read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness (Please print)

\_\_\_\_\_  
Address of Witness

**TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA**

Eligibility Date - OAS Year Month Day	Eligibility Date - CPP Year Month Day	Date of receipt Year Month Day	Age A B T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Residence Status X Y Z O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Payment Date - OAS Year Month Day	Payment Date - CPP Year Month Day	Elective Date Year Month Day	Residence (Transitional Rules) 3 (1) (b) 3 (1) (c)	Residence 3 (1.1)
Aggregate	I certify that the applicant is eligible to receive the benefit(s) indicated as of the date(s) shown and that the benefit(s) is (are) payable under the provisions of the <i>Old Age Security Act</i> or the <i>Canada Pension Plan</i> .			
Rounded Down	Certified by: _____			Date _____
	Verified by: _____			Date _____

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