



Application for the Old Age Security Pension Under the Old Age Security Program

1. Social Insurance Number _____	2. <input type="radio"/> Mr. <input type="radio"/> Mrs. Your first name, initial and last name <input type="radio"/> Ms. <input type="radio"/> Miss _____							
3. Name at birth (if different from above)	4. Date of birth (YYYY-MM-DD)	FOR OFFICE USE ONLY Age established						
Important: You do not need to provide proof of birth with your application. However, the Old Age Security program has the right to request proof of birth at any time, when deemed necessary.								
5. Country of birth (if born in Canada, indicate province or territory)	6. Preferred language for correspondence <input type="radio"/> English <input type="radio"/> French							
7a. Home address No., Street, Apt. No., R.R. _____ City, town or village _____ Province or territory _____ Country _____ Postal code _____ Telephone number during the day _____								
7b. Mailing address (if different from home address) No., Street, Apt. No., P.O. Box, R.R. _____ City, town or village _____ Province or territory _____ Country _____ Postal code _____								
8. Payment information Direct deposit in Canada: Complete the boxes below with <u>your</u> banking information. <table border="0"><tr><td>Branch number (5 digits)</td><td>Institution number (3 digits)</td><td>Account number (maximum of 12 digits)</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table> Name(s) on the account _____ Telephone number of your financial institution _____ Direct deposit outside Canada: For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca .			Branch number (5 digits)	Institution number (3 digits)	Account number (maximum of 12 digits)	_____	_____	_____
Branch number (5 digits)	Institution number (3 digits)	Account number (maximum of 12 digits)						
_____	_____	_____						

Service Canada delivers Employment and Social Development Canada
programs and services for the Government of Canada

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PROTECTED B (when completed)

Social Insurance Number

9. Current marital status *(This information may help us determine your eligibility to other benefits.)*

☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Divorced ☐ Surviving spouse or common-law partner

If your marital status is married or common-law, please provide the following information:

First name, initial and last name of your spouse or common-law partner Date of birth (YYYY-MM-DD) Social Insurance Number

10. When do you want your pension to start?

Important: Please read the information sheet under "When to apply" before completing this section.

Select one only

☐ As soon as I qualify

☐ As of (indicate a date)

_____ YYYY-MM

Note: If you indicate a date, no payment will be made for any period before that date, even if you qualify before.

11. Guaranteed Income Supplement

(See the Information Sheet under "Guaranteed Income Supplement" for important information.)

If your Old Age Security pension is approved, do you want to apply for the Guaranteed Income Supplement? ☐ Yes ☐ No

12. Canadian legal status **(You must complete 12a, 12b or 12c)**

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Legal status established

12a. I am a Canadian citizen and have lived continuously in Canada since birth.

Yes **Proceed to question 16**

12b. I am living in Canada now and I am a:

☐ Canadian citizen

☐ Temporary resident permit holder
(formerly known as Minister's permit)

☐ Permanent resident (formerly known as landed immigrant)

☐ Other *(please specify)* _____

Note: You must provide proof of your legal status in Canada.
(See the information sheet under "Documents Required".)

12c. I am currently living permanently outside of Canada, and immediately before I left Canada I was a:

☐ Canadian citizen

☐ Temporary resident permit holder
(formerly known as Minister's permit)

☐ Permanent resident (formerly known as landed immigrant)

☐ Other *(please specify)* _____

Note: You must provide proof of your legal status in Canada.
(See the information sheet under "Documents Required".)

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13. If you were born outside Canada, please indicate:

The date you first entered Canada
(YYYY-MM-DD)

The city where you first entered Canada

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Date of entry established

14. Residence history

List below **all** of the places you have lived from age 18 to present **both** inside **and** outside of Canada. Do not include periods when you were outside Canada for less than six months at a time.

(Note: You *must* provide proof of your residence history. See the information sheet under "Documents Required". If you need more space, use a separate sheet of paper.)

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Residence established

	Period From YYYY-MM-DD	To YYYY-MM-DD	Country
a)			
b)			
c)			
d)			

15. Benefits from other countries (See the information sheet under "Social Security Agreements".)

If you have lived or worked in a country other than Canada, you could qualify for benefits from that country. Please provide the following information:

	Period Lived			Period Worked	
a)	Country	From	To	From	To
		YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD

Insurance
Number

Have you applied for or received
a benefit from that country?

☐ Yes ☐ No

	Period Lived			Period Worked	
b)	Country	From	To	From	To
		YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD

Insurance
Number

Have you applied for or received
a benefit from that country?

☐ Yes ☐ No

16. Voluntary Income Tax Deduction This service is available to Canadian residents only.

Your Old Age Security pension is taxable income. If we approve your application, would you like us to deduct **federal income tax** from your monthly payment? (See the information sheet for more information)

☐ Yes ☐ No

If yes, indicate a dollar amount or a percentage
you want us to deduct each month.

Federal Income
Tax

Federal Income
Tax

\$ _____ %

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17. If you are not considered a resident of Canada for tax purposes, is your net world income for the year 2015 more than \$72,809?

☐ Yes ☐ No (See information sheet under "Repayment of benefit or recovery tax".)

18. Give the following information about one person with whom we can confirm your periods of residence in Canada. The person must not be related to you as a family member or a family member by marriage. If for any reason we lose contact with you, we may contact that person to get in touch with you.

First name, initial and last name

Mailing address

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Telephone number during the day

Postal code

19. Declaration and signature

I declare that the information on this application is true and complete.

The information you provide is collected under the authority of the *Old Age Security Act (OAS Act)* to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 18 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 and 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 Employment and Social Development Canada (ESDC) 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 ESDC 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 ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement, and/or with non-governmental third parties, for the purpose of administering the OAS program, 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 for the making of reciprocal agreements relating to the administration or operation of that law and of the *OAS Act*.

Your personal information is administered in accordance with the *OAS Act* 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 ESDC PPU 116. 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**. *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 *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.

Applicant's signature

Date (YYYY-MM-DD)

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19. Declaration and signature (cont'd)

Signature with a mark or by someone other than the applicant

If you (the applicant) signed with a mark (e.g. X), the mark must be made in the presence of a witness.

If the application was signed by someone who has the authority to act on behalf of the applicant, that person must provide proof of authorization (*contact us to find out what documents are required*). In either situation, the witness or the person who signed the application on behalf of the applicant must provide the following information:

Name

Relationship to the applicant

Address (No., Street, Apt. No., P.O. Box, R.R.)

City, town or village

Province or territory

Country

Postal code

Telephone number during the day

If the applicant signed with a mark, the witness must also sign the following declaration:

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

Witness's signature

Date (YYYY-MM-DD)

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☐ Approve

☐ Deny

Effective Date (YYYY-MM): _____

Aggregate: _____

Residence rule used: ☐ 40 ☐ 10 ☐ 3 for 1 ☐ Partial

Signature

YYYY-MM-DD

Date Stamp



Service
Canada

Service Canada Offices Old Age Security

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: **613-957-1954** (we accept collect calls)

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

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

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

QUEBEC

Service Canada
PO Box 1816 Station Terminus
Quebec QC G1K 7L5
CANADA

ONTARIO

For postal codes beginning with "L, M or N"

Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"

Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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