



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

1. Social Insurance Number	2. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Your first name, initial and last name <input type="checkbox"/> Ms <input type="checkbox"/> Miss										
3. Name at birth <i>(If different from above)</i>	4. Date of birth _____ Year Month Day										
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 <i>(If born in Canada, indicate province or territory)</i>	6. Preferred language for correspondence <input type="checkbox"/> English <input type="checkbox"/> French										
7a. Home address Postal code _____ Telephone number during the day _____	7b. Mailing address <i>(If different from home address)</i> Postal code _____										
8. Direct Deposit <i>(For Canada only)</i> For Direct Deposit outside Canada, please contact us at 1-800-277-9914 (from the United States) and at 613-990-2244 from all other countries (we accept collect calls). If your application is approved, do you want your monthly payments deposited into your account at your financial institution? No (Go to question 9) Yes - Complete the boxes below (you may want to contact your financial institution to get this information). <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Branch Number (5 digits)</td> <td style="width: 33%;">Institution Number (3 digits)</td> <td style="width: 33%;">Account Number (maximum of 12 digits)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name(s) on the account</td> <td style="width: 50%;">Telephone number of your financial institution</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> You can attach an unsigned personalized cheque with the word "VOID" on the front of the cheque and your social insurance number on the back.		Branch Number (5 digits)	Institution Number (3 digits)	Account Number (maximum of 12 digits)	_____	_____	_____	Name(s) on the account	Telephone number of your financial institution	_____	_____
Branch Number (5 digits)	Institution Number (3 digits)	Account Number (maximum of 12 digits)									
_____	_____	_____									
Name(s) on the account	Telephone number of your financial institution										
_____	_____										

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

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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

_____ _____
Social Insurance Number Year Month Day

10. When do you want your pension to start? (See information sheet under "When to apply".)

As soon as I qualify OR (Indicate a date) _____
Year Month

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 either 12a, 12b or 12c)

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

Yes **Proceed to question 17**

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

The city where you first entered Canada

Year Month Day

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.)

	Period from	To	Country
a)	Year Month Day	Year Month Day	
b)	Year Month Day	Year Month Day	
c)	Year Month Day	Year Month Day	
d)	Year Month Day	Year Month Day	

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
Country	From To	From To
a)	Year Month Day Year Month Day	Year Month Day Year Month Day
Insurance Number		Have you applied for or received a benefit from that country? Yes No

	PERIOD LIVED	PERIOD WORKED
Country	From To	From To
b)	Year Month Day Year Month Day	Year Month Day Year Month Day
Insurance Number		Have you applied for or received a benefit from that country? Yes No

16. If you are not considered a resident of Canada for tax purposes, is your net world income for the year 2011 more than \$67,668?

Yes No *(See information sheet under "Taxes and your pension".)*

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17. Give the following information about one person, not related to you by blood or marriage, with whom we can confirm your residence in Canada. Please note that if for any reason we lose contact with you, we could contact that person to get in touch with you.

First name, initial and last name Mr. Mrs. Miss Ms. _____ Telephone number during the day _____	Mailing address _____ Postal code _____
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18. SIGNATURE

I declare that the information on this application is true and complete. I realize that my personal information is governed by the *Privacy Act* and may be disclosed where authorized under the *Old Age Security Act*.

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
	_____ Year Month Day

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	Telephone number during the day
Postal code	

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
	_____ Year Month Day

FOR OFFICE USE ONLY

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Effective Date: _____ Year Month Aggregate: _____ _____ Signature Year Month Day	Date Stamp
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Service Canada Offices

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.

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 Station A
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 or M"

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

ONTARIO

For postal codes beginning with "N"

Service Canada
PO Box 2020 Station Main
Chatham ON N7M 6B2
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

