



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

1. Social Insurance Number	2. Your first name, initial and last name <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> 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="radio"/> English <input type="radio"/> 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? <input type="radio"/> No (Go to question 9) <input type="radio"/> Yes - Complete the boxes below (you may want to contact your financial institution to get this 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> <tr> <td colspan="2">Name(s) on the account</td> <td>Telephone number of your financial institution</td> </tr> <tr> <td colspan="2">_____</td> <td>_____</td> </tr> </table> <p>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.</p>		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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13. If you were born outside Canada, please indicate:

The date you first entered Canada
(Year Month Day)

The city where you first entered Canada

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)	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/>
b)	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/>
c)	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/>
d)	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/>

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:

	Country	PERIOD LIVED		PERIOD WORKED	
		From	To	From	To
a)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day
	Insurance Number <input style="width: 100%;" type="text"/>	Have you applied for or received a benefit from that country? <input type="radio"/> Yes <input type="radio"/> No			
b)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day	<input style="width: 100%;" type="text"/> Year Month Day
	Insurance Number <input style="width: 100%;" type="text"/>	Have you applied for or received a benefit from that country? <input type="radio"/> Yes <input type="radio"/> No			

16. If you are not considered a resident of Canada for tax purposes, is your net world income for the year 2012 more than \$69,562?

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

Mailing address

Mr. Mrs. Miss Ms.

Telephone number during the day

Postal code

18. 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 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 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 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 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 HRSDC 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: 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

X _____

Year Month Day

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18. 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	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
X	<div style="display: flex; justify-content: space-between; width: 100%;"> Year Month Day </div>

FOR OFFICE USE ONLY

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Effective Date: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Year Month </div> Aggregate: _____ X _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Year Month Day </div>	Date Stamp
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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: **613-990-2244** (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