



Application for the Allowance or Allowance for the Survivor Under the Old Age Security Program

1. Social Insurance Number _____		2. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss Your first name, initial and last name _____							
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 colspan="2">Name(s) on the account _____</td><td>Telephone number of your financial institution _____</td></tr></table> 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) _____	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 _____							

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

- a)** If your marital status is **married**, you must provide proof of marriage. If **common-law**, contact us to find out what documents are required. You must also 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

Home address

Same as number 7a **OR**:

Postal code

- b)** If you are a **surviving spouse or common-law partner**, please provide the following information. If you are not a surviving spouse or common-law partner, go to question 10.

First name, initial and last name of your
deceased spouse or common-law partner

Social Insurance Number of your
deceased spouse or common-law partner

Date of death
YYYY-MM-DD

*(You will need to submit proof of death for your deceased spouse or common-law partner. You will also need to provide documents for questions **c** or **d**, depending on your situation. See the information sheet under "Documents Required".)*

- c)** Were you married to the deceased at the time of death?

☐ No ☐ Yes If yes, please give date of marriage. *(Please provide proof of marriage)*

YYYY-MM-DD

- d)** Were you living common-law with the deceased at the time of death?

☐ No ☐ Yes If yes, date you started living common-law. *(Contact us to find out what documents are required.)*

YYYY-MM-DD

- e)** Have you married since the death of your former spouse or common-law partner?

☐ No ☐ Yes If yes, please give date of marriage.

YYYY-MM-DD

- f)** Have you lived in a common-law relationship since the death of your former spouse or common-law partner?

☐ No ☐ Yes If yes, please provide date you started living common-law.

YYYY-MM-DD

10. Canadian legal status (You must complete either 10a, 10b or 10c)

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10a. I am a Canadian citizen and have lived continuously in Canada since birth.

Legal status established

☐ Yes **Proceed to question 14****10b. 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".)**10c. 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".)**11. If you were born outside Canada, please indicate:**

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The date you first entered Canada _____ The city where you first entered Canada _____
YYYY-MM-DD

Date of entry established

12. Residence history

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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.)

Residence established

Period From
YYYY-MM-DDTo
YYYY-MM-DD

Country

a)			
b)			
c)			

13. Benefits from other countries (See the information sheet under "Social Security Agreements".)**a)** 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:**b)** If you are a surviving spouse or common-law partner and your deceased spouse or common-law partner has lived or worked in a country other than Canada, you could qualify for benefits from that country. Please provide the following information:

Country	Insurance Number

Country	Insurance Number

Period Lived	From (YYYY-MM-DD)	To (YYYY-MM-DD)

Period Lived	From (YYYY-MM-DD)	To (YYYY-MM-DD)

Period Worked	From (YYYY-MM-DD)	To (YYYY-MM-DD)

Period Worked	From (YYYY-MM-DD)	To (YYYY-MM-DD)

Have you applied for or received a benefit from that country? ☐ Yes ☐ NoHave you applied for or received a benefit from that country? ☐ Yes ☐ No

(If you have lived or worked in more than 1 country, use a separate sheet of paper.)

- 14.** 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.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Mailing address

First name, initial and last name

Telephone number during the day

Postal code

15. 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 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.

Applicant's signature

Date (YYYY-MM-DD)

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 (YYYY-MM-DD)

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☐ Approve

☐ Deny

Effective Date (YYYY-MM):

Aggregate:

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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