



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

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
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(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)**10a. I am a Canadian citizen and have lived continuously in Canada since birth.**
☐ Yes **Proceed to question 14**

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Legal status established

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:**The date you first
entered Canada

YYYY-MM-DD

The city where you
first entered Canada

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Date of entry established

12. Residence historyList 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-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:

Country	Insurance Number

Period Lived	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 ☐ No**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

Period Lived	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 ☐ 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)

X

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)

X

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☐ Approve

☐ Deny

Effective Date (YYYY-MM):

Aggregate:

X

Signature

YYYY-MM-DD

Date Stamp