

Application for Canadian Old Age, Retirement and Survivors Benefits under the Agreement on Social Security between Canada and

GE - CAN 1

Personal Information Bank HRDC PPU 175

In which language do you wish to receive your o	correspondence?	Please:	Read the enclosed of	nuide			
☐ English ☐ French	ded areas only						
SECTION 1 - TO BE COMPLETED BY ALL A	PPLICANTS		- Complete the dibila	For use by the Social Security Institution			
Social Security Numbers of the contributor of	only						
Social Security or Identification Number			nsurance Number	Date of receipt:			
		l ı	i I				
2. Indicate the benefits for which you wish to a	pply and submit the	e required documer	ntation				
A. BENEFIT BASED ON RESIDENCE IN CAN	NADA AFTER REA	CHING AGE 18:					
Old Age Security Pension							
Complete: Sections 1, 2, 3 and 7				Verified by:			
Submit:	Indicate:	`	Year Month Day				
a birth or baptismal certificate	 date of bil 	th LL					
proof of the legal status of your residence card, immigration papers, etc.). IF YOU V CONTINUOUSLY UNTIL YOUR DEPART	Attached						
 proof of the dates of your entry into and your passports, visas, ship or airline tickets, et 	☐ Attached						
B. BENEFITS BASED ON CONTRIBUTIONS JANUARY 1966:	PAID TO THE CA	NADA PENSION P	LAN SINCE				
Retirement Pension				Verified by:			
Complete: Sections 1, 2, 4 and 7		,					
Submit:	Indicate:		Year Month Day				
a birth or baptismal certificate	date of bil	rth LL					
Survivor's Pension	Surviving Chil	d's Benefit	Death Benefit				
Complete: Sections 1, 2, 5, 6 (if necessary	y) and 7						
Submit*:	Indicate:	`	Year Month Day				
a death certificate	• date of de	eath L					
a birth or baptismal certificate for the deceased contributor	 date of bir the decea contribute 	rth of ised	Year Month Day				
a birth or baptismal certificate for the survivor and each dependent child	 date of bir survivor 	rth of the	Year Month Day I I I I I I I I I I I I I I I I I I I				
a marriage certificate	• date of ma	arriage					
If applying for a Death Benefit only, submodertificates only.	nit the contributor	's death and birth	or baptismal				
If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form GE-CAN 1 (DI) which is available on this website and from your nearest social security office.							



SECTION 2 - GENERAL INFORMATION ABOUT THE CONTRIBUTOR OR APPLICANT FOR AN OLD AGE SECURITY PENSION (To be completed by all applicants) 3.	Canadian Social Insurance Number Page 2											
3. Given Name Female Female Family Name Family Nam												
5. Address (No. and Street, Apt. No.) Postal Code City, Town or Village Country 7. Place of Birth 8. Name on Canadian Social Insurance Card Same as in question 4 or 9. Indicate periods of residence and/or periods of employment in a country other than Canada and the country in which you are presently residence. Name of Country Social Insurance Number in that Country Year Month Year No. 10. Since January 1, 1966. have you or your spouse or common-law partner a child born after December 31, 1958? 11. Marital Status Single Married Divorced Tommon-law partner's Full Name Married Divorced Tommon-law partner's Year Month Day Date of Birth 11. Spouse's or Common-law partner's Year Month Day Date of Birth 12. If born outside Canada, give date and place of entry into Canadian Tommon-law Permanent Resident (Landed Immigrant) Contributor Other (specify) 14. List the places where you have lived from birth to the present. Do not include changes within the same city, town or village. (If more space is needed, provide the information on a separate sheet of paper) From To Other (specify)			•									
Postal Code	4. Given Name		Family Na	ame Family Name at Birth								
9. Indicate periods of residence and/or periods of employment in a country other than Canada and the country in which you are presently residing. Name of Country Name of Country other than Canada and the country in which you are presently residing. Name of Country other than Canada and the country in which you are presently residing. Name of Country other than Canada and the country in which you are presently been requested. Name of Country Name of Country in which you are presently residing. Name of Country in which you are presently been requested. Name of Country in which you are presently been requested. Name of Country in which you are presently been requested. Name of Country in which you are presently of the present of paper) 12. If the places where you have lived from birth to the present. Do not include changes within the same city, town or village. Name of Country Year Month Year Month City, Town or Village Province or State Country	5. Address (No. and Street, Apt	No.)	'		6. Mailing	Addre	ess:	Same as	s in questi	on 5 or		
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				illage	Province or State Country							
		i										
		1										
15. Give name, address and telephone number of two persons, not related to you by blood or marriage, with whom we can confirm the facts of your residence in Canada.												
Name Address Telephone Number (including area, city or regional code)	Name			Ad	Address (including area, city or regional					gional		

Cana	nadian Social Insurance Number	Page 3									
SECTION 4 - TO BE COMPLETED WHEN APPLYING FOR A CANADA PENSION PLAN RETIREMENT PENSION (Otherwise, proceed to SECTION 5)											
16A	A. When do you wish your retirement pension to begin? Year Month OR month eligible OR The control of the Canada Pension Plan, or will you have ceased or sul ceased working prior to the day indicated in 16A? Yes No	have you cease or substantially cease working? bstantially									
SEC	SECTION 5 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVOR'S PENSION OR A DEATH BENEFIT										
	(Otherwise, proceed to SECTION 6)										
A.	GENERAL INFORMATION ABOUT THE APPLICANT										
17.	Given Name Family Name	Family Name at Birth									
18.	Address (No. and Street, Apt. No.) 19. Mailing Addre	ess: Same as in question 18 or									
	Postal Code City, Town or Village Country										
20.	Applicant's relationship to the deceased contributor										
21.	Is there an executor, administrator or legal representative of the estate of the dece	eased contributor?									
	Yes If "Yes", indicate whether Same as in questions 17 and 18 or No As shown below Given Name Family Name Address (No. and Street, Apt. No.)										
	Postal Code City, Town or Village	Country									
B.	INFORMATION ABOUT THE SURVIVOR										
22.	Social Insurance Number in Canada Given Name Family Name	_									
	Same as in question 17 or Same a	as in question 17 or Same as in question 17 or									
24.	Are you disabled? 25. At the time of the contributor's death, were you residing with him or her?	26. At the time of the contributor's death, were you married to him or her?									
	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No									
27.	27. If you were under age 45 at the time of the contributor's death, indicate if you were maintaining:										
	a) a child of the contributor under age 18. If the child was not in your custody and control, Please explain the circumstances on a separate sheet of paper.										
	b) a disabled child of the contributor age 18 or over.	☐ Yes ☐ No									
	c) a child of the contributor age 18 to 25 in full-time attendance at school or university. If "Yes", please indicate on a separate sheet of paper the child's name and birth date and the name of the school or university he or she is attending.										
28.	If "Yes" to any of the questions in 27, have you maintained the child from the time contributor's death to the present?	of the Yes No									

Canadian Social Insurance Number							Page 4		
SECTION 6 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVING CHILD'S BENEFIT (Otherwise, proceed to SECTION 7) Questions 30 and 31 to be completed only when the applicant is not the person named in question 17.									
29.			ate of	Birth		For use by	the Social		
Full Name of Child				Month	Security Institution Day Verified by:		_		
	 	1	.	1	1				
		1		1	ı				
		i		i					
30. Given Name Family	/ Name								
31. Address (No. and Street, Apt. No.)									
Postal Code City, Town or Village				Coun	try				
IT IS AN OFFENCE UNDER CANADIAN LAW TO MAKE A FALSE	OR MISI	FAD	ING S	TATEM	FNT IN 1	THIS APPLIC	ATION		
SECTION 7 - TO BE SIGNED BY THE APPLICANT				IAILW		THIS ALT EIG			
NOTE: If you are applying on behalf of the applicant, indicate and the reason you are making this application.	on a sep	oarat	e she	et of pa	per you	r full name ar	nd address,		
32. Declaration of Applicant		1				witness requi			
I declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize the social security institution of the country which is a Party to this Agreement to furnish to Human Resources Development Canada all the information and evidence in its possession which relate or could relate to this application for benefits. In addition, I realize that my personal information governed by the Privacy Act of Canada may be disclosed where authorized under the Old Age Security Act or the Canada Pension Plan. Signature of									
Applicant		_	Signature of Witness						
NOTE: Signature by mark is acceptable if witnessed by any responsible who must complete the declaration opposite.	ble perso	n	Name	e of Witr	iess (Ple	ease print)			
			Address of Witness						
Date of Application Year Month Day Telephone Number (including area, city or reg	ional cod	e)							
		,							
TO BE COMPLETED BY THE LIAISO Eligibility Date - OAS Eligibility Date - CPP	ON AGEN Date of rec		N CAI	NADA	Age	Resid	ence Status		
Year Month Day Year Month Day Yea		onth I	Day		В		Y Z O		
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Payment Date - OAS Payment Date - CPP Year Month Day Year Month Day Yea I I I I I I I I I I I I I I I I I I I	Elective D ar Mo	ate onth I	Day] 3		dence onal Rules) 3 (1) (c)	Residence 3 (1.1)		
Aggregate				<u> </u>					
Aggregate I certify that the applicant is eligible to receive the benefit(s) indicated as of the date(s) shown and that the benefit(s) is (are) payable under the provisions of the Old Age Security Act or the Canada Pension Plan.									
Rounded Down Certified by: Date									
Verified by:		Date							