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may help us det	C English (French
	termine your eligibility to othe	er benefits.)
-law () Sep	parated O Divorced (Surviving spouse or common-law partner
	City, tov	vn or village
Country		code
,		
address)		
·	City, tow	n or village
Country	Postal c	ode
	l	
a, what was your	r last province or territory of r	esidence in Canada?
	Country address) Country	Country Postal of address)

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

Social Insurance Number:

9. Payment information				
Direct deposit in Canada: Complete the boxes below with <u>your</u> banking information.				
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			
Sharing your direct deposit infor	mation with the Canada Revenu	ie Agency		
For Employment and Social Develor direct deposit information, your con		evenue Agency (CRA) to share your personal and		
By selecting "I agree", you agree w	ith these two statements:			
 I consent to ESDC sharing w payments I may receive from 		rmation entered on this form for any		
 I consent to ESDC sharing w CRA can identify me correct! 	•	Number, last name, and date of birth so that the		
If you select "I do not agree", your	nformation will not be shared.			
○ I agree ○ I do not ag	ree			
Direct deposit outside Canada:				
•	s accepted). The form and a list of	914 from the United States and at 613-957-1954 countries where direct deposit service is available		
10. When do you want your	pension to start?			
Important: Please read the inform	nation sheet before completing	this section.		
(As soon as I qualify, or			
Select one only	At the age of 65 (your pension	will start the month after your 65th birthday), or		
(As of (indicate a date)			
YYYY-MM				

Social Insurance Number:

11A. Children born after 1958

(Please read the information sheet for additional details on the child-rearing provision for children born after 1958.) You may receive a higher pension amount if you have children born after 1958.

Information about the children

₋ist all children born after December 31	, 1958.		
Child's full name	Child's Social Insurance Number	Child's date of birth	If the child was born outside Canada, tell us the date the child entered Canada
		YYYY-MM-DD	YYYY-MM-DD
1			
2			
3			
4			
child. Sign the sheet, include your Soci			form. Yes
f no, please list any periods of time wh	ere you were not the prin	nary caregiver and provi	de a reason:
From (YYYY-MM)	O (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)
Reason:		Reason:	
Did you or your spouse or common-law Canada Child Tax Benefit payments fo		llowance or	Yes O No
f yes, please indicate who received the	e benefits: Yo	ou Your spouse o	r common-law partner
ist any periods of time while the childr Allowance or Canada Child Tax Benefit vere eligible for the Canada Child Tax	payments and provide a	reason. Do not list perio	ods of time when you
From (YYYY-MM)	o (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)
Reason:		Reason:	

Note: If you did not provide a Social Insurance Number for each child, or if any of the children were born abroad, please refer to the Information sheet under section "Children born after 1958".

Social Insurance Number:

11B. Waiver of rights to the child-rearing provision

To be completed only by the person who received Family Allowance payments under the Family Allowances Act and who wishes to waive all rights to the child-rearing provision in favour of the spouse who remained at home and who was the primary caregiver for the child(ren).

I declare that, for the child(ren) indicated in Question 11A and on any additional sheets, I have not and will not make any claims for the child-rearing provision for the period(s) accredited to my spouse.

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eligible for this provision, we will send you an application form with more information. You may also obtain the

pension sharing application form on our Internet site at www.servicecanada.gc.ca.

Social Insurance Number:

14.	Benefits from other countri	es			
-	u have lived or worked in a country on see provide the following information:		a, you could qualif	fy for benefi	ts from that country.
	Country	Period:	From (YYYY-M	M-DD)	To (YYYY-MM-DD)
	Insurance Number				
Have you applied for or received a benefit from that country? Yes No					
(If yo	ou have lived or worked in more than	one country, use	a separate sheet	t of paper.)	
15.	Disability (See the information s	heet for more info	rmation)		
Did y	ou stop working because of a disab	ility?	O Yes	○ No	
If ye	s , you may be eligible to receive a C	PP disability bene	efits if:		
 you are under the age of 65; you have earned a specified minimum amount and contributed to the CPP while working for a minimum number of years; and 					
- you are deemed disabled, as defined by the CPP legislation.					

Social Insurance Number:

16. Declaration and signature

I declare that the information on this application is true and complete.

The personal information you provide is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure an individual's exact identification so that contributory earnings can be correctly applied to your record to allow for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. The personal information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law. As well, the personal information you provide may be used and/or disclosed for policy analysis, statistical, research, and/or evaluation purposes. However, these additional uses and/or disclosures of personal information will never result in an administrative decision being made. The personal information may also be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *CPP* and *Old Age Security Act*.

Your personal information is administered in accordance with the *CPP*, the *Privacy Act, the Department of Employment and Social Development Act,* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank-Canada Pension Plan Program-ESDC PPU 146. You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: www.Canada.ca/infosource-ESDC. *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern/file-a-formal-privacy-complaint/ or by calling 1-800-282-1376.

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, 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)

Social Insurance Number:

16. Declaration and signature (continued) 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 (No., Street, Apt. No., PO Box, RR) City, town or village Province or territory Country Postal code Telephone Number during the day If the applicant signed with a mark, the witness must also sign the following declaration: I have read the contents 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) FOR OFFICE USE ONLY **Date Stamp** Effective date: Approve YYYY-MM Deny X Signature YYYY-MM-DD



Service Canada Offices Canada Pension Plan

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 AND QUEBEC

Service Canada PO Box 250 Fredericton NB E3B 4Z6 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 818 Station Main Winnipeg MB R3C 2N4 CANADA

BRITISH COLUMBIA AND YUKON

Service Canada PO Box 1177 Station CSC Victoria BC V8W 2V2 CANADA

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