



**Application for Canadian Old Age, Retirement and Survivors
benefits under the Agreement on Social Security between
Canada and the Republic of Finland**

In which language do you wish to receive your correspondence?

☐ English

☐ French

Please:

- Read the enclosed guide

- Complete the unshaded areas only

SECTION 1 - TO BE COMPLETED BY ALL APPLICANTS

**For use by the Social
Security Institution
of Finland only**

1. Social Security Numbers of the contributor or applicant for an Old Age Security Pension
Finnish Population Register Number Canadian Social Insurance Number

Date of receipt:

2. Indicate the benefits for which you wish to apply and submit the required documentation.

A. BENEFIT BASED ON RESIDENCE IN CANADA AFTER REACHING AGE 18:

☐ **Old Age Security Pension**

Complete: Sections 1, 2, 3 and 7

Submit: **Indicate:** Year Month Day

- a birth certificate - date of birth _____
- proof of the legal status of your residence in Canada at the time of your departure (Canadian citizenship card, immigration papers, etc.). IF YOU WERE BORN IN CANADA AND LIVED THERE CONTINUOUSLY UNTIL YOUR DEPARTURE, THIS PROOF IS NOT REQUIRED.
- proof of the dates of your entry into and your departure from Canada (passports, visas, ship or airline tickets, etc.)

Verified by:

☐ Attached

☐ Attached

**B. BENEFITS BASED ON CONTRIBUTIONS PAID TO THE CANADA PENSION PLAN
SINCE JANUARY 1966:**

Verified by:

☐ **Retirement Pension**

Complete: Sections 1, 2, 4 and 7

Submit: **Indicate:** Year Month Day

- a birth certificate - date of birth _____

☐ **Survivor's Pension** ☐ **Surviving Child's Benefit** ☐ **Death Benefit**

Complete: Sections 1, 2, 5, 6 (if necessary) and 7

Submit*: **Indicate:** Year Month Day

- a death certificate - date of death _____
- a birth certificate for the deceased contributor - date of birth of the deceased contributor Year Month Day
- a birth certificate for the survivor and each dependent child - date of birth of the survivor Year Month Day
- a marriage certificate - date of marriage Year Month Day

* If applying for a Death Benefit only, submit the contributor's death and birth certificates only.

If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form CAN-FI 2 (DI) which is available on this website and from your nearest social security office.

Canadian Social Insurance Number:						PROTECTED B (when completed)					
SECTION 2 - GENERAL INFORMATION ABOUT THE CONTRIBUTOR OR APPLICANT FOR AN OLD AGE SECURITY PENSION (To be completed by all applicants)											
3. Optional: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.											
4. Given Name and Initial				Family Name				Family Name at Birth			
5. Address (No. and Street, Apt. No.)						City, Town or Village			6. Mailing Address: ☐ same as question 5 or		
Province or Territory			Country			Postal Code					
7. Place of Birth						8. Name on Canadian Social Insurance Card ☐ same as question 4 or					
9. Indicate periods of residence and/or periods of employment in a country other than Canada and Finland.											
Name of Country	Social Security Number in that Country	Residence				Employment				Has a benefit been requested?	
		From		To		From		To		Yes	No
Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Yes	No
										☐	☐
										☐	☐
										☐	☐
10. Since January 1, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31, 1958?											
						Contributor		Spouse or Common-law partner			
						☐ Yes	☐ No	☐ Yes	☐ No		
11A Marital Status											
☐ Single	☐ Married	☐ Separated	☐ Divorced	☐ Common-Law	☐ Surviving spouse or common-law partner						
11B Spouse's or Common-law partner's Full Name						11C Spouse's or Common-law partner's Date of Birth					
						Year		Month		Day	
SECTION 3 - TO BE COMPLETED WHEN APPLYING FOR AN OLD AGE SECURITY PENSION (Otherwise, proceed to SECTION 4)											
12. If born outside Canada, give date and place of entry into Canada.						Year		Month		Day	
						Place of Entry					
13. Indicate the legal status of your residence in Canada at the time of your departure from Canada.											
☐ Canadian Citizen						☐ Temporary Resident Permit Holder (formerly known as Minister's Permit)					
☐ Permanent resident (formerly known as Landed Immigrant)						☐ Other (please specify)					

Canadian Social Insurance Number:					PROTECTED B (when completed)	
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		City, Town or Village	Province or State	Country
Year	Month	Year	Month			

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)

16. Are you considered a resident of Canada for tax purposes? ☐ Yes ☐ No	If no, is your net world income for the year 2023 less than \$86,912 in Canadian dollars? ☐ Yes ☐ No <i>(See the guide for more information)</i>
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SECTION 4 - TO BE COMPLETED WHEN APPLYING FOR A CANADA PENSION PLAN RETIREMENT PENSION (Otherwise, proceed to SECTION 5)

17. When do you want your pension to start?	
IMPORTANT: Please read the information sheet before completing this section.	
Select one only or or	☐ As soon as I qualify ☐ At the age of 65 (your pension will start the month after your 65 th birthday) ☐ As of (indicate date) _____ Year Month

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		
18A Optional: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.		
18B Given Name and Initial	Family Name	Family Name at Birth
19. Address (No. and Street, Apt. No.) City, Town or Village		20. Mailing Address: ☐ same as question 19 or
Province or Territory	Country Postal Code	
21. Applicant's relationship to the deceased contributor		

Canadian Social Insurance Number:		PROTECTED B (when completed)													
A. GENERAL INFORMATION ABOUT THE APPLICANT (CONTINUED)															
22. Is there an executor, administrator or legal representative of the estate of the deceased contributor?															
☐ Yes If "Yes", indicate whether ☐ Same as in questions 18 and 19 or ☐ No ☐ As shown below															
Given Name		Family Name													
Address (No. and Street, Apt. No.)		City, Town or Village													
Province or Territory		Country													
		Postal Code													
B. INFORMATION ABOUT THE SURVIVOR															
23. Social Insurance Number in Canada		24A Optional: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.													
24B Given Name ☐ Same as in question 18 or		Family Name ☐ Same as in question 18 or													
		Family Name at Birth ☐ Same as in question 18 or													
25. At the time of the contributor's death, were you residing with him or her? ☐ Yes ☐ No		26. At the time of the contributor's death, were you married to him or her? ☐ Yes ☐ No													
SECTION 6 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVING CHILD'S BENEFIT (Otherwise, proceed to SECTION 7) Questions 28 and 29 to be completed only when the applicant is not the person named in question 18.															
27. Full Name of Child		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Year</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> </tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </table>		Year	Month	Day									
Year	Month	Day													
		For use by the Social Security Institution of Finland only Verified by:													
28A Optional: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.															
28B Given Name		Family Name													
Address (No. and Street, Apt. No.)		City, Town or Village													
Province or Territory		Country													
		Postal Code													

SECTION 7 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS.

NOTE: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.

30. Declaration and signature

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 Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits.

The information you provide is collected under the authority of the *Old Age Security Act (OAS Act)* and the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, 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 so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated. The SIN will also be used 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 Employment and Social Development Canada (ESDC) 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 ESDC 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 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 nongovernmental third parties for the purpose of administering the *Canada Pension Plan*, the *OAS Act*, 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 in accordance with agreements for the reciprocal administration or operation of that law, of the *OAS Act* and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *OAS Act*, the *Canada Pension Plan* 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 ESDC PPU 146 (CPP) and Personal Information Bank ESDC PPU 116 (OAS). Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following Web site address: www.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 the *Canada Pension Plan* or 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.

**Signature of
Applicant** _____

Telephone Number
(including area, city or regional code)

Date

Year Month Day

NOTE: Signature by mark is acceptable if witnessed by any responsible person who must complete the declaration on the following page.

31. Declaration of witness

I read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

Signature of Witness

Name of Witness (Please print)

Address of Witness

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

Eligibility Date - OAS Year Month Day	Eligibility Date - CPP Year Month Day	Date of receipt Year Month Day	Age A B T ☐ ☐ ☐	Residence Status X Y Z O ☐ ☐ ☐ ☐
Payment Date - OAS Year Month Day	Payment Date - CPP Year Month Day	Elective Date Year Month Day	Residence (Transitional Rules) 3 (1) (b) 3 (1) (c)	Residence 3 (1.1)
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 <i>Old Age Security Act</i> or the <i>Canada Pension Plan</i> .			
Rounded Down	Certified by:		Date	
	Verified by:		Date	

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

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