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

P-CDN 1

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

**1.** Social Security Numbers of the contributor or applicant for an Old Age Security Pension

| Portuguese Social Security or Identification Number | Canadian Social Insurance Number |
|---|---|
| | |

**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:**
- a birth certificate
- 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.)

**Indicate:**
- date of birth YYYY MM DD _____

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

☐ **Retirement Pension**

**Complete:** Sections 1, 2, 4 and 7

**Submit:**
- a birth certificate

**Indicate:**
- date of birth YYYY MM DD _____

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

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

| Submit*: | Indicate: | |
|---|---|---|
| - a death certificate | - date of death | YYYY MM DD _____ |
| - a birth certificate for the deceased contributor | - date of birth of the deceased contributor | YYYY MM DD _____ |
| - a birth certificate for the survivor and each dependent child | - date of birth of the survivor | YYYY MM DD _____ |
| - a marriage certificate | - date of marriage | YYYY MM DD _____ |

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

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

**Date of receipt:**

**Verified by:**

☐ Attached

☐ Attached

**Verified by:**

**If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form P-CDN 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.** 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

Province or Territory | Country | Postal Code

**6.** Mailing Address:
☐ same as question 5 or

**7.** Place of Birth

**8.** Name on the Canadian Social Insurance Number (SIN) card or on the confirmation of Canadian SIN letter
☐ same as question 4 or

**9.** Indicate periods of residence and/or periods of employment in a country other than Canada and Portugal.

| Name of Country | Social Security Number in that Country | Residence From Year | Residence From Month | Residence To Year | Residence To Month | Employment From Year | Employment From Month | Employment To Year | Employment To Month | Has a benefit been requested? 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: ◯ Yes ◯ No

Spouse or Common-law partner: ◯ 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 YYYY MM DD

## SECTION 3 - TO BE COMPLETED WHEN APPLYING FOR AN OLD AGE SECURITY PENSION (Otherwise, proceed to SECTION 4)

**12. When do you want your pension to start?**

**IMPORTANT: Please read the information guide under "When to apply" before completing this section.**

**Select one only**

◯ As soon as I qualify

◯ As of (indicate a date) _____ YYYY MM

**Note:** If you indicate a date, no payment will be made for any period before that date, even if you qualify before.

**13.** If born outside Canada, give date and place of entry into Canada. YYYY MM DD Place of Entry

**14.** 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)

**15.** 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 | Day | Year | Month | Day | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**16.** 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) |
|---|---|---|
| | | |
| | | |

**17.** 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? (*See the guide for more information*) ◯ Yes ◯ No

**SECTION 4 - TO BE COMPLETED WHEN APPLYING FOR A CANADA PENSION PLAN RETIREMENT PENSION (Otherwise, proceed to SECTION 5)**

**18. When do you want your pension to start?**

**IMPORTANT: Please read the information guide before completing this section.**

**Select one only**

◯ As soon as I qualify; or

◯ At the age of 65 (your pension will start the month after your 65th birthday); or

◯ As of (indicate date) _____ YYYY MM

**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**

**19A.** Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

| **19B.** Given Name and Initial | Family Name | Family Name at Birth |
|---|---|---|
| | | |

**20.** Address (No. and Street, Apt. No.) City, Town or Village

Province or Territory Country Postal Code

**21.** Mailing Address:
☐ same as question 20 or

## A. GENERAL INFORMATION ABOUT THE APPLICANT (CONTINUED)

**22.** Applicant's relationship to the deceased contributor

**23.** Is there an executor, administrator or legal representative of the estate of the deceased contributor?

◯ Yes If "**Yes**", indicate whether ◯ Same as in questions 19 and 20 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

**24.** Social Insurance Number in Canada

**25A.** Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

**25B.**

| Given Name | Family Name | Family Name at Birth |
|---|---|---|
| ☐ Same as in question 19 or | ☐ Same as in question 19 or | ☐ Same as in question 19 or |
| | | |

**26.** At the time of the contributor's death, were you residing with him or her?

◯ Yes ◯ No

**27.** 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 29 and 30 to be completed only when the applicant is not the person named in question 19.

| **28.** Full Name of Child | Date of Birth | | | **For use by the Social Security Institution of Portugal only** |
|---|---|---|---|---|
| | Year | Month | Day | **Verified by:** |
| | | | | |
| | | | | |
| | | | | |

**29A.** Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

**29B.** Given Name | Family Name

**30.** 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.**

**31. 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 non-governmental 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** _____

Date _____
YYYY MM DD

Telephone Number
(including area, city or regional code)
_____

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

**32. 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**

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

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