

☐ Reference Number	☐ NIIS Case Number	Region
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Old Age Security (OAS)
Canada Pension Plan (CPP)
FOREIGN BENEFICIARIES
PENSION DECLARATION FORM

IMPORTANT: In order to confirm your continuing eligibility for benefits, this declaration must be completed and returned in the self-addressed envelope by

1. Does the pensioner live at the address pre-printed on this form?

☐ YES ☐ NO

If **NO**, please provide the pensioner's **residential address** in the space below: (Please print)

2. Is the address pre-printed above the pensioner's correspondence address?

☐ YES ☐ NO

If **NO**, please provide the pensioner's **correspondence address** in the space below: (Please print)

3. What is the pensioner's telephone number?

In the space below, please provide the pensioner's telephone number:

(Country code, Area code, Telephone number)

4. Is the pensioner taking care of his/her own affairs related to the Old Age Security, Canada Pension Plan?

☐ YES ☐ NO

If **NO**, please provide the following information about the person taking care of the pensioner's affairs: (Please print)

Name:

Address:

Telephone:

(Country code, Area code, Telephone number)

The person taking care of the pensioner's affairs is:

☐ Power of Attorney ☐ Trustee ☐ Other

Relationship to the pensioner:

If you have not previously provided the official documents establishing that you are the power of attorney, trustee, other, please attach a certified copy of the official documents.

5. If the pensioner is deceased:

a) Please provide date of death: Place of death:

b) Please attach a death certificate (the original or a certified true copy) to this Declaration form.

c) Please provide the name and address of estate representative:

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6. If the pensioner is unable to complete this Declaration form, please explain why:

7. Complete this section if you are not the pensioner or the person mentioned in section 4.

Name:

Telephone:

(Country code, Area code, Telephone number)

Address:

Relationship to pensioner:

8. Signature of Pensioner or individual who completed this form:

The pensioner or individual who completed this form must verify all the information provided and sign the Declaration form in the presence of one of the following officials, who will witness the pensioner's signature.

List of acceptable officials: Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of a Financial Institution, Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of a Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Official of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher; University Professor.

Note: A false or misleading statement may result in an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or in the prosecution of an offence. Any benefits received or obtained to which there was no entitlement would have to be repaid.

I declare that the information provided in this form is true and complete.

On: (YYYY-MM-DD)

Signature of Pensioner or Individual who completed this form

To be completed by official witness:

I declare that I have witnessed the signature of the person to whom this Declaration form is addressed, and that we are not related by blood or marriage.

Official Stamp / Seal of Authority

Name of official witness: (Please print)

Title of official witness: (Please print)

Business Address of Official Witness: (Please print)

Telephone: (Country code, Area code, Telephone number)

I have known this person for years.

I do not know this person*

* If you do not know this person, list identity documents seen: (Please print)

On (YYYY-MM-DD)

Signature of official witness

Do you have any Questions?

TELEPHONE NUMBERS

Toll Free from Canada and U.S.A.

From all other countries (we accept collect calls):

English: 1-800-277-9914
French: 1-800-277-9915
TTY: 1-800-255-4786
1-613-957-1954

How to Certify Photocopies for the Canada Pension Plan and Old Age Security

Please send a certified photocopy instead of the original document

When you send us documents, we suggest you send **certified photocopies** rather than the original documents, if possible. This will ensure the original documents stay with you in case you need them for other purposes. If you must send your original documents, we suggest you send them by registered mail. We will return all the original documents to you.

Photocopy of an original document

We can only accept a photocopy of an original document if it is readable and if you have someone certify that it is a true copy of the original. If you bring your original documents to any Service Canada Centre, our staff will photocopy the documents and certify them for free. If you cannot visit a Service Canada Centre, you can ask a member of one of the following professions to certify your photocopy:

- | | |
|---|--|
| - Accountant | - Member of a Provincial Legislature or their staff |
| - Chief of First Nations Band | - Minister of Religion |
| - Commissioner for Oaths | - Municipal Clerk |
| - Employee of a Service Canada Centre acting in an official capacity | - Official of a federal or provincial government department, or one of its agencies |
| - Funeral Director | - Official of an Embassy, Consulate or High Commission |
| - Justice of the Peace | - Official of a country with which Canada has a reciprocal Social Security Agreement |
| - Lawyer, Magistrate, Notary | - Police Officer |
| - Manager of a Financial Institution | - Professional Engineer |
| - Medical and Health Practitioner: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse | - Social Worker |
| - Member of Parliament or their staff | - Teacher |
| | - University Professor |

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document. They also must write the following statement on the photocopy:

This photocopy is a true copy of the original document which has not been altered in any way.

Note: If your photocopy is missing **any** of the above elements, it will not be accepted and you will have to submit a new, properly certified photocopy.

If an original document has information on both sides, both sides must be photocopied and certified.

You cannot certify photocopies of your own documents and you cannot ask a relative to do it for you.

Please write the Client Identification Number or Social Insurance Number on any document or photocopy that you send us.



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: **1-613-957-1954** (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 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

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