Service Canada

PROTECTED B (when completed)

Agreement to administer benefits under the Old Age Security Act and/or the Canada Pension Plan by a Private Trustee

Trustees must maintain yearly records of the monies received and spent for our beneficiaries. Should the Minister want an accounting report, the trustee must provide the requested documentation for the applicable year(s).

It is very important that you:

- use a **pen** and **print** as clearly as possible.

Beneficiary's Social Insurance Number

The information contained on this form is essential for payments of benefits under the *Old Age Security Act* and/or the *Canada Pension Plan* to persons acting on behalf of a beneficiary who is incapable of managing his/her own affairs. It is retained in the information bank relating to the benefit being paid. Under the *Privacy Act*, the beneficiary has the right to request a copy of this record.

Old Age Security and/or Canada Pension Plan beneficiary

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss Usual First Name and Initial	Last Name	
Home Address - No., Street, Apt., P.O. Box, R.R. and City	Province or Territory	
	Country - If other than Canada	Postal Code

I, the undersigned, agree to receive benefits under the *Old Age Security Act* and/or the *Canada Pension Plan* payable to the beneficiary named above and undertake, following the relevant provisions and Regulations, without charge:

1. to act on behalf of the beneficiary and, in accordance with any directions, from Employment and Social Development Canada, to administer and expend the benefits in his/her best interests;

2. to complete an accounting report for all benefits received and the payments made from them, upon request from Employment and Social Development Canada;

3. to notify Employment and Social Development Canada if the beneficiary changes address, becomes absent from Canada, dies, ceases to be incapable of managing his/her own affairs or if the trusteeship ends. And to provide any other information or evidence, and to do anything that the *Old Age Security Act* and/or the *Canada Pension Plan* or their Regulations would require from the beneficiary; and

4. to return uncashed, if the beneficiary should die, all his/her *Old Age Security* and/or *Canada Pension Plan* benefit payments which remain uncashed at the time of his/her death or which may be issued after the month of death, and to reimburse His Majesty the King in Right of Canada for any loss sustained by him through the cashing of such payments.

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.

IN WITNESS WHEREOF, I execute this document under seal this _____ day of _____ of the year _____.

_____ **Signature of Trustee**	**Signed, Sealed and Delivered in the presence of** _____ **Signature of Witness**
Name of Trustee - Please print	Name of Witness - Please print
Address of Trustee - No., St., Apt., P.O. Box, R.R.	Address of Witness - No., St., Apt., P.O. Box, R.R.
City, Town or Village / Province or Territory	City, Town or Village / Province or Territory
Country / Postal Code / Telephone number	Country / Postal Code / Telephone number
Relationship, if any, to the Beneficiary	Occupation of Witness

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

Privacy Notice Statement

The information you provide is collected pursuant to the *Canada Pension Plan* (CPP) and its Regulations and under the authority of the *Old Age Security (OAS) Act* to administer benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and section 18 of the *Old Age Security Regulations* and in accordance with the Treasury Board Secretariat Directive on the Social Insurance Number, which lists the CPP and OAS program as authorized users of the SIN. The SIN will be used to ensure an individual's exact identification and for income verification purposes with the Canada Revenue Agency (CRA).

Participation in the CPP and/or OAS program is voluntary. 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 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 for the purpose of administering the CPP and/or OAS program, and/or with non-governmental third parties for the purpose of administering the CPP, OAS program, other acts of Parliament and federal or provincial law as well as for research, planning, evaluation and statistics purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

The 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 the CPP and/or *Old Age Security Act*.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act*, the CPP and/or *OAS Act*, the *Privacy 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(s) ESDC PPU 116 and 146. Instructions for obtaining this information is outlined in the following government publication entitled *Info Source*.

Info Source may also be accessed on-line 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: priv.gc.ca/faqs/index_e.asp#q005.

Service Canada

Service Canada Offices

Old Age Security

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.

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St. John's NL A1A 2Y5
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PO Box 8000 Station Central
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PO Box 1687 Station Central
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CANADA

NEW BRUNSWICK
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PO Box 250
Fredericton NB E3B 4Z6
CANADA

QUEBEC
Service Canada
PO Box 1816 Station Terminus
Quebec QC G1K 7L5
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"
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PO Box 2013 Station Main
Timmins ON P4N 8C8
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