Canada/Korea Agreement

Applying for a Korean Survivor Pension

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

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 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 Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; 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 must also 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.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 250
Fredericton, NB E3B 4Z6
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

National Pension Service

CAN-KOR 1

대한민국과 캐나다간 사회보장협정에 의한 한국급여청구서
APPLICATION FOR KOREAN BENEFITS UNDER THE AGREEMENT ON SOCIAL SECURITY BETWEEN THE REPUBLIC OF KOREA AND CANADA

* 해당 질문에 정확히 기재하십시오. / Please complete the relevant sections.
* 해당 증빙서류를 첨부하십시오. / Please attach any relevant supporting documentation.

A. 일반정보/ GENERAL INFORMATION

1. 청구급여를 표시하십시오. / Please mark with an (x) the type of benefit for which you are applying.

☐ 노령연금/ Old Age Pension ☐ 장애연금/ Disability Pension ☐ 유족연금/ Survivor Pension
☐ 분할연금/ Divided Pension ☐ 일시금/ Lump Sum Benefit

2. 가입자에 관한 정보/ Information about the contributor

a) 성 명 / Full name	이름/First Middle 성/Last	b) 성별/Sex	☐ 남/Male ☐ 여/Female
c) 출생 시 성명/Name at birth		d) 생년월일 /Date of birth	월/M 일/D 년/Y
e) 한국국민연금번호 또는 주민/외국인등록번호/ Korean National Pension Number or Resident (Alien) Registration Number	–		
f) 캐나다사회보장번호/ Canadian Social Insurance Number	– –		
g) 출생지/ Place of birth		h) 국 적/ Nationality	
i) 주소/ Address	(우편번호 / Postal code)		
j) 전화번호/ Telephone number		k) 전자우편주소/ E-mail address	

3. 수급권자에 관한 정보(2 번의 가입자가 아닌 경우에만 기재하십시오.) / Information about the beneficiary (Please fill in only if the beneficiary is not the same as the above-named contributor)

a) 성명/ Full name	이름/ First Middle 성/Last	c) 성별/Sex	☐ 남/ Male ☐ 여/ Female
b) 생년월일/Date of birth	월/M 일/D 년/Y		
d) 가입자와의 관계/ Relationship to contributor			
e) 주소/Address	(우편번호/Postal code)		
f) 전화번호/ Telephone number		g) 전자우편주소/ E-mail address	
h) 미성년자의 법정대리인 성명/ If minor, name of his/her legal agent/representative	이름/First Middle 성/ Last	i) 법정대리인 서명/ Signature of legal representative	

4. 가입자의 피부양자에 관한 정보/ Information about dependents supported by the contributor

a) 배우자, 19 세 미만 또는 중증장애인 자녀(양자녀 포함), 법정지급연령이상 또는 중증장애인 부모(배우자부모 포함)/

Spouse, children under the age of 19 or severely disabled (including legally adopted), parents over the statutory age of payment or severely disabled (including spouse's parents)

* 추가여백이 필요한 경우 별지를 사용하십시오./ Please use a separate sheet, if necessary.

성명/Full name	생년월일 (한국주민등록번호)/ Date of birth(or Korean Resident Registration No.) 월/M 일/D 년/Y	장애 여부/ Whether disabled or not	주 소/Address	가입자와의 관계/ Relationship to contributor
		☐ 예/ Yes ☐ 아니오/No		
		☐ 예/ Yes ☐ 아니오/No		
		☐ 예/ Yes ☐ 아니오/No		
		☐ 예/ Yes ☐ 아니오/No		

b) 위 피부양자 중에서 한국 국민연금급여를 받고 있는 사람이 있습니까? /
Are any of the dependents listed above receiving any benefit under the Korean National Pension Act?

☐ 예/Yes ☐ 아니오/No

"예"라면 그의 성명, 한국국민연금번호 및 급여유형은?
If "Yes", what is his/her name, Korean National Pension Number and the type of benefit?

성명/Full name	이름/First Middle 성/Last
한국 국민연금번호 / Korean National Pension Number	–
급여유형 / Type of benefit	☐ 노령연금/ Old Age Pension ☐ 장애연금/ Disability Pension ☐유족연금/Survivor Pension ☐ 반환일시금/ Lump Sum Refund ☐ 분할연금/ Divided Pension

5. 급여의 선택 / Choice of Benefit

* 2 이상의 급여수급자격이 있는 경우에만 표시하십시오./ Please mark benefits with an (x) only if you are eligible for two or more.

a) 발생급여/ Eligible benefits	☐ 노령연금/ Old Age Pension ☐ 장애연금/ Disability Pension ☐유족연금/Survivor Pension ☐ 반환일시금/ Lump Sum Refund ☐ 분할연금/ Divided Pension
b) 선택급여/ Benefit chosen	☐ 노령연금/Old Age Pension ☐ 장애연금/ Disability Pension ☐유족연금/Survivor Pension ☐ 반환일시금/Lump Sum Refund ☐ 분할연금/Divided Pension

6. 대리청구 (대리인에 의한 청구의 경우에만 기재하십시오) /

Application by an agent/representative (Please fill in only if it is an application by an agent/representative)

* 대리인의 자격에 관한 증빙자료를 첨부하십시오. / Please attach supporting documentation concerning the agent's qualifications.

a) 대리청구 사유/Reason for application by agent/representative
☐ 미성년자/Minor ☐ 한정치산자 또는 금치산자/Incompetent ☐ 해외체류/Non-resident of Korea
☐ 군복무/Military service ☐ 수감/Imprisonment ☐ 기타/Other

b) 대리인 성명 / Name of agent / representative	이름/ First Middle 성/ Last	c) 전화번호 / Telephone number	
d) 주소/ Address	우편번호/Postal code	e) 전자우편주소/ E-mail address	
f) 수급권자와의 관계/ Relationship to beneficiary		g)수급권자의 서명/ Signature of beneficiary	

B. 노령연금 청구/APPLICATION FOR AN OLD AGE PENSION

1. 귀하가 법정지급연령에 5 세를 더한 연령 미만인 경우 소득활동에 종사하고 있습니까? / If you are younger than the statutory age of payment plus 5 years, are you still working?

☐ 예/ Yes
"예"라면, 소득액 / _____ per ☐일/day, ☐주/week, ☐월/month, ☐년/year
If "Yes", amount of earnings

☐ 아니오/ No

1-1. 귀하의 소득유형을 기재하여 주십시오. / Mark your income type with an (x).
☐ 자영업/ Self-employed ☐ 근로/Employed

* 귀하는 법정지급연령에 5 세를 더한 연령 이전에 소득활동을 중단하시거나 다시 시작하신다면 한국 국민연금공단에 즉시 신고하셔야 합니다./
If you stop or resume working prior to the statutory age of payment plus 5 years, you must notify without delay the Korean National Pension Service of that fact.

2. 연기연금을 신청하시겠습니까? / Would you like to apply for a deferral of payment?

☐ 신청 Yes ☐ 미신청 No

"예"라면, 연기기간 미수령, 연기 1 개월마다 0.6% 가산 /
If"Yes", the benefit will not be paid for the deferral period and an additional 0.6% of the principal will be accumulated each month. Please fill in the blanks.

■ 연기 개시일 / What date do you want the payment of the pension to begin?
☐ 지급사유발생일 Date of eligibility ☐ 지급연기신청일(월 . 일 . 년) Beginning date of period of deferral (/M . /D . /Y)

■ 연기 종료일 (월. 일. 년)
End date of period of deferral (/M . /D . /Y)

C. 분할연금 청구/ APPLICATION FOR A DIVIDED PENSION

* 당사자 간 연금 분할의 비율을 별도로 합의한 경우에는 공증을 받은 협의서를 첨부해 주십시오.
In case that divorcing spouses agreed to a specific share of pension to be divided, please attach the agreement after getting it notarized.

노령연금 수급권자에 관한 정보/ Information on beneficiary of Old Age Pension		노령연금 수급권 발생일/ Beginning date of eligibility for Old Age Pension 월/M 일/D 년/Y	혼인유지기간/ Period of marriage or cohabitation (월/M 일/D 년/Y~ 월/M 일/D 년/Y)
성명/ Full name	한국국민연금번호/ Korean National Pension Number		
			~
			~
			~
			~

D. 일시금 지급청구 / APPLICATION FOR A LUMP SUM BENEFIT

1. 일시금 지급청구 사유는 무엇입니까? / What is the reason for applying for a lump sum benefit?

☐ 가입자 사망/ Death of the contributor ☐ 60 세 도달/Reaching age 60

☐ 국적상실(국외이주)/Loss of Korean nationality (Emigration from Korea)

2. 가입자가 사망한 경우에만 기재하십시오. / Please fill in only if the contributor is deceased.

a) ☐ 사망일/Date of death ☐ 사망추정일/Presumed date of death	월/M 일/D 년/ Y
b) ☐ 사망장소/Place of death ☐ 사망추정장소/Presumed place of death	
c) 사망원인/ Cause of death	☐ 질병/Disease ☐ 사고/Accident ☐ 기타/Other ( )

d) 사망경위(질병의 경우 병력을 포함하십시오) / Relevant information concerning cause of death (Please include time line, if by disease)

3. 동순위 수급권자에 관한 정보/Information on beneficiaries of equal standing

* 귀하를 포함하여 동순위 수급권자가 2 인 이상인 경우에만 기재하십시오./ Please fill in only if there are two or more beneficiaries of equal standing, including yourself.

a) 동순위 수급권자 수/ Number of beneficiaries of equal standing: 명/Persons

* 가입자 사망에 의한 반환일시금의 동순위 수급권자 : 25 세 미만 유족 자녀, 법정지급연령 이상 유족 부모 등
Beneficiaries of equal standing for the Lump Sum Refund due to the death of the contributor: surviving children less than the age of 25, surviving parents over the statutory age of payment, etc.

* 가입자 사망에 의한 사망일시금의 동순위 수급권자 : 25 세 이상 유족 자녀, 법정지급연령 미만 유족 부모, 형제자매 등
Beneficiaries of equal standing for the Lump Sum Death Benefit due to the death of the contributor: surviving children over the age of 25, surviving parents less than the statutory age of payment, siblings, etc.

b) 귀하가 동순위 수급권자의 대표자로 선정되었을 경우 아래 사항을 기재하시고, 다른 동순위 수급권자의 신분증 사본을 첨부하십시오./ If you have been designated as the representative of the beneficiaries of equal standing, please fill in the items below and attach a copy of an identification document for each of the other beneficiaries of equal standing.

성명 / Full name	생년월일 (한국 주민등록번호)/ Date of birth (or Korean Resident Registration No.) 월/M 일/D 년/Y	주 소 / Address	서명(날인)/ Signature (Registered seal)
이름/First Middle 성/Last			
이름/First Middle 성/Last			
이름/First Middle 성/Last			

4. 확인사항 / Confirmation

* 반환일시금을 지급 받으면 노령연금, 장애연금, 유족연금 또는 사회보장협정에 의한 급여를 지급 받을 수 없게 된다는 사실을 알고 있음에도 불구하고 반환일시금을 청구하고자 합니다. / By agreeing to accept a Lump Sum Refund, I understand that I cannot qualify for an Old Age Pension, Disability Pension, Survivor Pension or any benefit under the Social Security Agreement..

수급권자 성명/Name of beneficiary: 서명/ Signature :

E. 장애연금 청구/APPLICATION FOR A DISABILITY PENSION

1. 장애에 관한 정보/ Information concerning disability

a) 장애발생일/ Date of onset of disability	월/M 일/ D 년/ Y	b) 장애의 원인/ Cause of disability	☐ 질병/Disease ☐ 부상/Injury
c) 장애발생경위/ History of disability			

	진료기관/Institution	소재지/ Location	기간/ Period	진단명/ Diagnosis
초진/First medical examination				
최종진단/Final medical examination				

2. 귀하의 장애로 한국의 산업재해보상보험법, 근로기준법 또는 선원법에 의한 급여를 받았습니까? /

Have you received a disability benefit under the Korean Industrial Accident Compensation Insurance Act, the Korean Labor Standards Act or the Korean Seamen's Act due to your disability?

☐ 예/ Yes ☐ 아니오/ No

3.귀하가 제 3 자의 가해로 장애를 입은 경우 그 가해자로부터 손해배상금을 받았습니까?/

In the case of a disability caused by a third person, have you received an indemnity from him/her?

☐ 예/Yes "예"라면, 받은 배상금액/ If "Yes", indicate the amount of indemnity received. _____

☐ 아니오/No

4. 제 3 자에 관한 정보/ Information about the third person(s)

* 제 3 자가 2 인 이상일 경우에는 별지에 아래 사항을 기재하십시오./If the third persons are two or more, please fill in the information for the items below using a separate sheet.

a) 개인일 경우/ In the case of an individual

성명/ Full name	이름/ First Middle 성/Last	생년월일 (한국 주민등록번호)/ Date of birth (or Korean Resident Registration No.)	월/M 일/D 년/Y ( )
주소/ Address	(우편번호/Postal code)		
전화번호/ Telephone number		전자우편주소/ E-mail address	

b) 법인일 경우/In the case of a corporation

법인명/ Name of corporation		사업자등록번호/ Business registration number	
법인주소/Address of corporation	(우편번호/Postal code)		
전화번호/ Telephone number		대표자 성명 및 생년월일/ Name and date of birth of representative of corporation 월/M 일/D 년/Y	

5. 본인은 장애호전 사항이 있는 경우 즉시 그 사실을 한국 국민연금공단에 통보할 것에 동의합니다. / If there is any improvement in my medical condition, I agree to notify without delay the Korean National Pension Service of that fact.

가입자 또는 청구인 서명/Signature of contributor/applicant

_____

F. 유족연금청구/APPLICATION FOR A SURVIVOR PENSION

1. 사망에 관한 정보/Information concerning death

a) ☐ 사망일/Date of death ☐ 사망 추정일/Presumed date of death	월/M 일/D 년/ Y
b) ☐ 사망장소/Place of death ☐ 사망 추정장소/ Presumed place of death	

c) 사망의 원인/ Cause of death	☐ 질병/Disease ☐ 사고/Accident ☐ 기타/Other ( )

d) 사망경위(질병의 경우 병력을 포함하십시오)/Relevant information concerning cause of death (Please include time line, if by disease)

2. 동순위 수급권자에 관한 정보/Information on beneficiaries of equal standing

* 귀하를 포함하여 동순위 수급권자가 2 인 이상인 경우에만 기재하십시오./ Please fill in only if there are two or more beneficiaries of equal standing, including yourself.

a) 동순위 수급권자 수 / Number of beneficiaries of equal standing: 명/Persons

* 동순위 수급권자 : 25 세미만 유족 자녀, 법정지급연령 이상 유족 부모 등/
Beneficiaries of equal standing: surviving children less than the age of 25, surviving parents over the statutory age of payment, etc.

b) 귀하가 동순위 수급권자의 대표자로 선정되었을 경우 아래 사항을 기재하시고, 다른 동순위 수급권자의 신분증 사본을 첨부하십시오./ If you have been designated as the representative of the beneficiaries of equal standing, please fill in the items below and attach a copy of an identification document for each of the other beneficiaries of equal standing.

성명 / Full name	생년월일(한국 주민등록번호) /Date of birth (or Korean Resident Registration No.) 월/M 일/D 년/Y	주소 / Address	가입자와의 관계/ Relationship to contributor	서명(날인)/ Signature (Registered Seal)
이름/First Middle 성/Last				
이름/First Middle 성/Last				
이름/First Middle 성/Last				

3. 귀하는 가입자 사망에 대해 한국의 산업재해보상보험법, 근로기준법 또는 선원법에 의한 급여를 받았습니까?/

Have you received a Survivor Benefit due to the death of the contributor under the Korean Industrial Accident Compensation Insurance Act, the Korean Labor Standards Act or the Korean Seamen's Act?

☐ 예/ Yes ☐ 아니오 / No

4. 가입자가 제 3 자의 가해로 사망한 경우, 귀하는 제 3 자로부터 손해배상금을 받았습니까?/

In the case where the death of the contributor was caused by a third person, have you received an indemnity from him/her?

"예"라면, 받은 배상금액/

☐ 예/Yes If "Yes", indicate the amount of indemnity received. _____

☐ 아니오/No

5. 제 3 자에 관한 정보/ Information about the third person(s)

* 제 3 자가 2 인 이상일 경우에는 별지에 아래 사항을 기재하십시오./If there are two or more third persons, please fill in the information for the items below using a separate sheet.

a) 개인일 경우/In the case of an individual

성명 Full name	이름/First Middle 성/Last	생년월일 (한국주민등록번호) / Date of birth (or Korean Resident Registration No.) 월/M 일/D 년/Y	
주소/ Address	(우편번호 / Postal code)		
전화번호/ Telephone number		전자우편주소 / E-mail address	

b) 법인일 경우 / In the case of a corporation

법인명/ Name of corporation		사업자 등록번호/ Business registration number	
법인주소/ Address of corporation	(우편번호 / Postal code)		
전화번호/ Telephone number		대표자 성명 및 생년월일/ Name and date of birth of representative of corporation 월/M 일/D 년/Y	

G. 급여수급 방법 / METHOD OF PAYMENT OF BENEFIT

* 계좌이체의 경우 청구인의 성명 및 계좌번호를 포함한 계좌증빙서류를 제출하십시오/ Please submit a bank statement or a void cheque that includes the applicant's name and account number in case of direct deposit.

* 계좌명의는 청구인의 이름과 동일해야 합니다. /The account must be opened in the applicant's name.

☐ 한국 내 통장 계좌이체/ Direct deposit (to Korean bank only)	해외송금/ Overseas Remittance	
	☐ 수표(한국 외 주소)/ Cheque (to non-Korean Address)	☐ 한국 외 통장 계좌이체/ Direct deposit (to non-Korean bank) *금융기관명 및 계좌번호를 아래에 기재하십시오./Please provide your financial institution and account number below.

은행명/ Bank name		수표수취 희망주소 / Preferred address to which cheque is sent	지급상대국/ Country	

계좌번호/ Account number		* 사서함은 기재하지 마십시오. / P. O. Box numbers are not accepted	은행 & 지점명 Bank & branch name	
			은행 & 지점코드 Bank & branch code	
			은행주소/ Bank address	
예금주/ Account holder			계좌번호/ Account number	
			예금주/ Account holder	

송금희망 화폐/ Preferred currency for remittance

* 송금희망화폐는 아래의 통화 중에서 선택하셔야 합니다./ _____
  Your preferred currency for remittance should be chosen from among the following.

국 가	통화	국 가	통화	국 가	통화	국 가	통화	국 가	통화
미 국	USD	캐나다	CAD	호 주	AUD	뉴질랜드	NZD	노르웨이	NOK
일 본	JPY	스위스	CHF	홍 콩	HKD	덴 마 크	DKK	태 국	THB
영 국	GBP	스웨덴	SEK	유 로	EUR	싱가포르	SGD	인 도	INR

* 다만, 부득이한 경우 선택한 통화대신 "USD"로 송금될 수 있습니다. /
  In certain unavoidable circumstances, payment may be made in USD instead of the currency chosen.
* 인도 루피화로 희망시 이종통화수수료(건당 20 불)는 수급자 본인이 부담하며 IFSC 와 PIN CODE 필요 /
  If you choose INR, you will be charged a cross-currency banking fee (20 USD per case) and a IFSC & a PIN Code will be required.

해외송금 규정요약/ Summary of the general terms and conditions of overseas remittance

1. 수급권자 본인이 청구하는 경우는 해외송금방법에 의하여 수급권자 본인에게 지급하고 국내거주 대리인이 청구하는 경우는 본인 또는 대리인에게 지급합니다./
   A benefit for which a beneficiary applies abroad shall be directly paid to the beneficiary. And if, on behalf of a beneficiary abroad, his/her agent in Korea applies for a benefit, the benefit will be paid to the beneficiary or the agent.

2. 급여를 해외 송금할 경우 전신송금환을 원칙으로 하고 수급권자가 원할 경우 송금수표도 인정하되, 송금수수료 및 국제전신료, 국외은행수수료 등 해외 송금비 중 전신송금환에 따르는 송금수수료 및 국제전신료(또는 송금수표 송부에 따르는 송금수수료 및 우편요금)는 한국 국민연금공단이 부담하고 그 이외의 송금비용은 수급권자 본인이 부담하게 됩니다. 다만, 수급권자의 계좌불명 등 본인의 과실에 의한 송금수수료 및 국제전신료(또는 송금수표 송부에 따르는 송금수수료 및 우편요금)는 수급권자 본인이 부담하게 됩니다. /
   In the case of overseas remittance, the payment will be made primarily by direct deposit. If the beneficiary wishes, the payment may also be made by cheque. Of the overseas remittance expenses such as remittance fees, international cable charges and fees charged by foreign banks, the Korean National Pension Service will cover the remittance fees and international cable charges related to direct deposits (or the remittance fees and postal charges related to the sending of cheques), and the beneficiary himself or herself will cover the remittance expenses other than these. Furthermore, the beneficiary himself or herself will cover the remittance fees and international cable charges (or the remittance fees and postal charges related to the sending of cheques) that are due to the beneficiary's fault such as failure to identify his or her account.

3. 급여를 해외송금 할 경우 급여액은 고시통화 중에서 수급권자가 지정한 화폐 또는 US 달러로 지급하되 그 당시 환율(전신환매도율)에 의하여 지급합니다. /
   The benefit will be paid in a currency chosen by the beneficiary from among the currencies listed or in USD. The conversion rate will be the direct deposit selling rate for the day on which the payment is made.

H. 급여유형별 첨부서류/DOCUMENTS TO BE SUBMITTED BY TYPE OF BENEFIT

청구인은 서류 원본 또는 확인된 사본을 제출해야 합니다./
An applicant must submit the original documents or certified true copies of the original documents.

공통서류/ Documents for all benefits	- 청구인의 신분증명 : 한국 주민등록증/외국인등록증 및 여권/ Proof of the applicant's identity: the Korean resident registration card /alien registration card and the passport - 수급권자의 은행계좌 증빙서류 : 수급권자 본인의 은행통장 사본 등/ Proof of the beneficiary's bank account: a copy of the beneficiary's own bank statement, etc. - 대리청구의 경우 대리권한에 관한 증빙서류 : 신분증 등/ Proof of authority to act as an agent in the case of an application by an agent : identification document
연금공통 (일시금제외)/ Documents For all benefits except lump sum	- 청구인의 거주지를 증명할 수 있는 서류 : 대한민국 내 거주시에는 주민등록등본 또는 외국인등록사실 증명원 등, 국외거주 시에는 해당국의 거주사실 증명/ A document proving the residence of the applicant(s): In the case of residence in Korea, a certificate of resident registration or a certificate of alien registration. In the case of residence in another country, proof of residence in that country. - 가입자의 배우자에 관한 생계유지 및 신분관계 입증서류 : 가족관계증명서 또는 결혼증명서 / Evidence of the fact that the contributor's spouse has been supported by him/her and status of the relationship: a copy of a family census register or a marriage - 가입자의 자녀에 관한 생계유지 및 신분관계 입증서류 : 가족관계증명서, 출생증명서, 세례증명서 등/ Evidence of the fact that the contributor's children have been supported by him/her and status of the relationship: a copy of a family census register, birth certificate, or baptismal certificate - 배우자 및 자녀를 제외한 가입자의 피부양자에 관한 생계유지 및 신분관계 입증서류 : 가족관계증명서, 피부양자의 출생증명서, 세례증명서, 또는 한국 주민등록등본, 그리고 중증장애인 자녀와 법정지급연령 미만 피부양 장애 부모의 경우 장애증명서/Evidence of the fact that the contributor's dependents , other than his/her spouse and children, have been supported by the contributor and status of the relationship: a copy of a family census register or a birth or baptismal certificate or a Korean certificate of resident registration for each dependent supported by the contributor, and proof of disability for severely disabled children or disabled parents less than the statutory age of payment and who are supported by the contributor.
분할연금인 경우/ Divided Pension only	- 청구인이 노령연금 수급권자의 배우자이었음을 증명할 수 있는 서류 : 결혼증명서 등/ Proof that the applicant had been the spouse of the Old Age Pension beneficiary: a marriage certificate, etc. - 청구인이 노령연금 수급권자와 이혼하였음을 증명할 수 있는 서류 : 이혼증명서 등/ Proof that the applicant has divorced the Old Age Pension beneficiary : a divorce certificate, etc.
장애연금인 경우/ Disability Pension only	- 가입자의 장애진단서 Medical report concerning contributor's disability
유족연금인 경우/ Survivor Pension only	- (사망한) 가입자의 신분증명 : 한국 주민등록증, 외국인등록증 또는 여권 등/ Proof of the (deceased) contributor's identity: a Korean residence registration card, the alien registration card or the passport, etc. - 사망증명서/ A death certificate - 가족관계증명서/ A copy of a family census register - 귀하가 동순위 수급권자의 대표자로 선정된 경우 다른 동순위 수급권자의 신분증 사본/ If you have been designated as the representative of the other beneficiaries of equal standing, a copy of an identification document for each beneficiary
일시금인 경우/ Lump sum Only	- 가입자 사망의 경우 : 유족연금 제출서류와 동일/ In the case of the death of the contributor: the same documents as for the Survivor Pension - 가입자의 국적증명 : 여권 등/ Proof of nationality of the contributor : passport, etc. - 국외이주의 경우 : 영구 출국사실을 증명할 수 있는 서류 (예 : 비행기 티켓 또는 출입국사실증명)/ In the case of emigration from Korea: a document showing proof of permanent departure from Korea (examples: airline ticket, proof of entering and leaving Korea, etc.)

I. 청구인의 서명란 / TO BE SIGNED BY THE APPLICANT

본인은 한국 국민연금법의 규정에 따라 위와 같이 급여를 청구하며 본 청구서에 기재된 정보가 사실임을 확인합니다. 본인은 허위 또는 불법적인 방법으로 한국급여를 지급받은 자는 그 수급권이 없는 지급금액을 반환하여야 할 뿐만 아니라 한국 국민연금법에 따라 처벌 받을 수 있다는 것을 알고 있습니다.

또한 본인은 해외송금을 신청함에 있어 한국 국민연금공단에서 정한 해외송금규정을 숙지하고 그 내용에 따를 것을 확인합니다.

본인은 본 급여청구서와 관련되거나 관련될 수 있는 모든 정보와 증거를 서비스캐나다에 제공하도록 한국 국민연금공단에 위임하며, 또한 본 급여청구서와 관련되거나 관련될 수 있는 모든 정보와 증거를 한국 국민연금공단에 제공하도록 서비스캐나다에 위임합니다.

I hereby apply for the benefits indicated above under the provisions of the Korean National Pension Act. I declare that the information given in this application is true. I know that anyone who receives Korean benefits in a false or illegal way may be punished under the Korean National Pension Act, in addition to having to repay the Korean benefits for which there is no entitlement.

I hereby declare, in applying for an overseas remittance, that I understand the General Terms and Conditions of Overseas Remittance established by the Korean National Pension Service and promise to abide by them.

I authorize the Korean National Pension Service to furnish to Service Canada all of the information and evidence in its possession that relates or could relate to this application for benefits. I also authorize Service Canada to furnish to the Korean National Pension Service all of the information and evidence in its possession that relates or could relate to this application for benefits.

청구일 /
Date of application

청구인 서명 /
Signature of applicant

월/M 일/D 년/Y

★급여 청구서 작성시 참고사항 / REFERENCE F FOR FILLING OUT THE APPLICATION

1) 법정지급연령 및 국민연금 수급연령(2013 년부터 적용) /
The statutory age of payment and pensionable age (as of 2013)

출생연도 Year of birth	**1953~1956**	**1957~1960**	**1961~1964**	**1965~1968**	**After 1969**
노령연금 Old -age Pension	Age 61	Age 62	Age 63	Age 64	Age 65
(조기)노령연금 Early Old- age pension	Age 56	Age 57	Age 58	Age 59	Age 60

2) 법정지급연령에 5 세를 더한 연령 (2013 년부터 적용) /
The statutory age of payment plus 5 years (as of 2013)

출생연도/ Year of birth	**1953~1956**	**1957~1960**	**1961~1964**	**1965~1968**	**After 1969**
법정지급연령에 5 세를 더한 연령/ The statutory age of payment plus 5 years	Age 66	Age 67	Age 68	Age 69	Age 70

Canada/Korea Agreement

Documents and/or information required to support your application [CAN-KOR 1] for a Korean Survivor Pension

Originals or certified copies of the following to be submitted:

- Birth certificate or Korean registration card (for you and your dependents)
- Statement of your bank account
- Certificate of resident registration or a certificate of alien registration, if you resided in Korea. In the case of residence in another country, proof of residence in that country
- Passport
- Death certificate

The following original documents or certified copies (if applicable) must be submitted and will accompany the application to Korea:

- Marriage certificate or family census register, if married or common-law and claiming spouse as dependent in question 4 of Part A
- Family census register, birth certificate, or baptismal certificate of your own children, if claiming them as dependents in question 4 of Part A
- Family census register, birth certificate, baptismal certificate, or Korean resident registration card of all dependents other than your spouse and own children, if claiming them as dependents in question 4 of Part A
- Proof of disability for severely disabled children, if applicable
- Proof of disability for disabled parents under the statutory age of payment, if applicable
- Proof of authority to act as a legal representative or Power of Attorney (certificate of registered seal, etc.)
- Identification document for each beneficiary under question 2 of Part F

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.