

Canada / Trinidad and Tobago Agreement

Applying for Trinidadian Benefits

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; 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, Pharmacist, Psychologist, Nurse Practitioner, 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; Postmaster; Professional Engineer; Social Worker; Teacher.

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 2710 Station Main
Edmonton, AB T5J 2G4
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.

APPLICATION FOR RETIREMENT BENEFIT UNDER THE AGREEMENT ON SOCIAL SECURITY BETWEEN TRINIDAD AND TOBAGO/CANADA

Please NOTE the Documentary Evidence Requirements at the back of this form.

SECTION "A" - PARTICULARS OF CONTRIBUTOR

1. NAME: _____ SURNAME OTHER NAME(S) 2. NAME AT BIRTH IF DIFFERENT: _____ SURNAME OTHER NAME(S) 3. ADDRESS: _____ _____ _____ 4. DATE OF BIRTH: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr><tr><td colspan="4">YYYY</td><td colspan="2">MM</td><td colspan="2">DD</td></tr></table> 6. FATHER'S NAME: _____ SURNAME OTHER NAME(S) 7. MOTHER'S MAIDEN NAME: _____ SURNAME OTHER NAME(S) 8. MARITAL STATUS: (Tick (✓) Appropriate Box) 8.1 ☐ SINGLE 8.2 ☐ MARRIED 8.3 ☐ DIVORCED 8.4 ☐ SEPARATED 8.5 ☐ WIDOWED 8.6 ☐ COMMON-LAW									YYYY				MM		DD		1.1 NATIONAL INSURANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table> 2.1 CANADIAN SOCIAL INSURANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table> 3.1 TELEPHONE NUMBER: _____ 5. SEX: ☐ MALE ☐ FEMALE 9. Have you ever applied for a Retirement Benefit from Trinidad and Tobago or Canada? ☐ YES ☐ NO 10. Have you ever received a Benefit from Trinidad and Tobago? ☐ YES ☐ NO 11. Are you in receipt of any Benefit listed below from Trinidad and Tobago or Canada? Please Tick (✓) () 11.1 TYPE OF BENEFIT 11.2 ☐ INVALIDITY BENEFIT 11.3 ☐ SICKNESS BENEFIT 11.4 ☐ EMPLOYMENT INJURY BENEFIT 11.5 COUNTRY ☐ T & T ☐ T & T ☐ T & T ☐ CANADA ☐ CANADA ☐ CANADA 12. Are you a Voluntary Contributor to the Trinidad and Tobago NIS? ☐ YES ☐ NO 13. If you are between 60 and 65 years of age, have you stopped working in Trinidad and Tobago? ☐ YES I stopped working on: ☐ NO I will stop working on: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td colspan="4">YYYY</td><td colspan="2">MM</td><td colspan="2">DD</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td colspan="4">YYYY</td><td colspan="2">MM</td><td colspan="2">DD</td></tr> </table> 13.1 If you are between 60 and 65 years of age, in receipt of a Benefit from Trinidad and Tobago and have resumed employment (excluding self-employment) indicate the date you resumed working. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; margin-left: auto;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td colspan="4">YYYY</td><td colspan="2">MM</td><td colspan="2">DD</td></tr> </table>																									YYYY				MM		DD										YYYY				MM		DD										YYYY				MM		DD	
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SECTION "B" - PARTICULARS OF EMPLOYMENT

1. NAME OF LAST EMPLOYER IN TRINIDAD AND TOBAGO:

2. EMPLOYMENT RECORD IN TRINIDAD AND TOBAGO FROM 1972 APRIL 10.
Use additional sheets if necessary.

2.1 NAME OF EMPLOYER	2.2 ADDRESS	2.3 REGISTRATION NUMBER (If known)	2.4 PERIOD OF EMPLOYMENT					
			FROM			TO		
			YYYY	MM	DD	YYYY	MM	DD

3. PERIOD OF EMPLOYMENT IN OTHER COUNTRIES.

3.1 COUNTRY	3.2 NAME OF EMPLOYER	3.3 ADDRESS	3.4 REGISTRATION NUMBER (If known)	3.5 PERIOD OF EMPLOYMENT					
				FROM			TO		
				YYYY	MM	DD	YYYY	MM	DD

SECTION "C" - PAYMENT ARRANGEMENTS

1. Please forward payment to:

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BANK BRANCH NUMBER OR CODE (if any):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CURRENCY OF THE COUNTRY IN WHICH YOU RESIDE: _____

2.. Is the Account a Joint Account?

☐

YES

☐

NO

If yes, please state name and address of the Joint Account holder. _____

IT IS AN OFFENCE UNDER THE LAWS OF TRINIDAD AND TOBAGO TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS

SECTION "D" - AUTHORIZATION**AUTHORIZATION TO TRANSMIT PERSONAL INFORMATION**

For the purpose of this application made under the legislation of Trinidad and Tobago, I authorize Human Resources Development Canada to furnish to the National Insurance Board of Trinidad and Tobago any information in its possession which relates or could relate to this application.

SECTION "E" -DECLARATION AND SIGNATURE OF APPLICANT**1. DECLARATION OF APPLICANT**

I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance Board of Trinidad and Tobago of any change that might affect my entitlement to this Benefit.

1.1 SIGNATURE OF CLAIMANT:

DATE:

YYYY				MM		DD			

2. DECLARATION OF WITNESS

(Where Claimant Cannot Sign)

I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark.

2.1 NAME OF WITNESS:

SURNAME OTHER NAME(S)

2.2 ADDRESS OF WITNESS:

2.3 SIGNATURE OF WITNESS:

DATE:

YYYY				MM		DD			

FOR OFFICIAL USE

Documentary Evidence Required to Support Claim.

Boxes are to be Ticked (✓) by the liaison agency in Canada upon receipt of documentary evidence.

1. PROOF OF AGE

- ☐ (a) Birth Certificate and Affidavit if applicant's name does not appear on the Birth Certificate
- ☐ (b) Valid Passport; or
- ☐ (c) Electoral Identification Card (Trinidad and Tobago)

2 CHANGE OF NAME

- ☐ (a) Marriage Certificate (Females Only)
- ☐ (b) Deed Poll



CANADIAN RESIDENCE

Canadian Social Insurance Number _____

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Miss

Given Name and Initial _____

Family Name _____

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If you were born outside of Canada, please provide us with the following information:

Date of arrival in Canada: _____

Place of arrival in Canada: _____

2. List all the places where you have lived in Canada after the age of 18 and provide proof of all your entries and departures (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From (Year/Month/Day)	To (Year/Month/Day)	City	Province/Territory

3. List all absences from Canada, which were longer than six months, during your Canadian residence listed in number 2 above:

Departure (Year/Month/Day)	Return (Year/Month/Day)	Destination	Reason

Canadian Social Insurance Number _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you by blood or marriage, who can confirm your Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

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

Date (Year Month Day)

X _____

Telephone number

Canada / Trinidad and Tobago Agreement

Documents and/or information required to support your application [CAN-TT 1] for a Trinidadian Retirement Pension

Complete the attached form:

- **Canadian Residence [SC ISP5013]** indicating your period(s) of residence in Canada

The applicant must submit original or certified copies of the following:

- Birth certificate
- Marriage certificate (if a married woman)
- Deed poll if there has been a change of name
- Proof of the dates of entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets etc.)

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.