Interim Application for Foreign Benefits under an Agreement on Social Security

It is very important that you:

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

In order to establish your entitlement to a benefit from a **country with which Canada has concluded a social security agreement**, you must complete a special application form for that country's benefit. To ensure the earliest possible effective date for foreign benefits, you should complete and return this interim application form as soon as possible to:

International Operations
Service Canada
PO Box 250
Fredericton NB E3B 4Z6
Canada

Section A - Information About the Applicant

1A. Canadian Social Insurance Number	**1B.** Date of Birth (YYYY-MM-DD)	**1C.** Place of Birth

Your language preference	**2A.** Written Communications *(Check one)*	**2B.** Verbal Communications *(Check one)*	**2C.** Sex
	◯ English ◯ French	◯ English ◯ French	◯ Male ◯ Female

3A. ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss — Usual First Name and Initial — Last Name

3B. Name at birth, if different from 3A. *(e.g. maiden name, legal name change, etc.)* — First Name and Initial — Last Name

4. Mailing Address (No., Street, Apt., P.O. Box, R.R.) — City

Province or Territory	Country - If other than Canada	Postal Code

Telephone number(s)	**5A.** Area Code and Telephone Number at Home	**5B.** Area Code and Telephone Number at Work (if applicable)

6. From which country(ies), other than Canada, do you wish to apply for benefits?

a) | b) | c)

7. Check the foreign benefits for which you are applying:

◯ Retirement or Old Age ◯ Disability ◯ Survivor's (Please complete section B) ◯ Other (specify) _____

Section B - Information About the Contributor

(To be completed only if the contributor is not the person named in Section A)

8. Canadian Social Insurance Number

9A. Date of Birth (YYYY-MM-DD)	**9B.** Place of Birth	**9C.** Sex
		◯ Male ◯ Female

10A. ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss — Usual First Name and Initial — Last Name

10B. Name at birth, if different from 10A. *(e.g. maiden name, legal name change, etc.)* — First Name and Initial — Last Name

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

Section C - Declaration and Signature of the Applicant

11. I declare that this information is true and complete.

The personal information you provide is collected under the authority of the *Canada Pension Plan* or the *Old Age Security Act* to establish your entitlement to a benefit from a country with which Canada has concluded a social security agreement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, section 18 of the *Old Age Security Regulations* and in accordance with the Treasury Board Secretariat *Directive on the Social Insurance Number*. Completion of this form is voluntary. If you refuse to provide the information, Employment and Social Development Canada (ESDC) might be unable to facilitate your access to a foreign benefit.

The information you provide may be shared with a foreign agency when an agreement is in force. Your personal information may also be used for policy analysis, research and/or evaluation purposes. Your personal information is administered in accordance with the *Canada Pension Plan*, the *Old Age Security Act*, the *Department of Employment and Social Development 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 Banks ESDC PPU 116, 140, 146, and 390. Instructions for obtaining this information are in the government publication available online at **www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/info-source** and may be accessed at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada about how ESDC handles your personal information online at **www.priv.gc.ca/en/report-a-concern** or by calling 1-800-282-1376.

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 of application (YYYY-MM-DD)