Canada/Switzerland Agreement

Applying for a Swiss old age 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.

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Old-Age and Survivors' Insurance OASI

Application for an old-age pension for persons residing outside Switzerland

Office responsible for dealing with the application _____

Application received on _____

Canadian Social Insurance Number _____

Swiss insurance number / Group

1 Identity of the insured person

1.1 Surname _____

1.2 Previous names _____

1.3 First and middle names _____

1.4 Date of birth _____
day, month, year

1.5 Civil status*

Single	Married since	Divorced since	Widowed since	Separated since
☐	_____	_____	_____	_____

1.6 Nationality(ies) _____

since _____ Place of origin _____
day, month, year for Swiss nationals

1.7 Address _____

_____

Postal code _____ Town _____ Country _____

Swiss insurance number / Group

2 Identity of the insured persons' spouse / registered partner LPart*

2.1 Surname _____

2.2 Previous names _____

2.3 First and middle names _____ Date of birth _____
day, month, year

2.4 Nationality(ies) _____

since _____ Place of origin _____
day, month, year for Swiss nationals

2.5 Address _____

_____

3 Identity of the ex-spouse / partner. To be completed if the insured person is widowed or has been married / in a registered partnership LPart* more than once.

3.1 Surname _____

3.2 Previous names _____

3.3 First and middle names _____ Date of birth _____
day, month, year

3.4 Date of marriage* _____ Date of divorce* _____ Date of death _____
day, month, year day, month, year day, month, year

3.5 Address _____

_____

3.6 If there are other ex-spouses, please give all information under points 3.1 to 3.5 concerning them on a separate sheet of paper, which must be submitted with this application.

4. Information concerning all the insured person's children.
For fostered or adopted children, please provide the official documents.

4.1 In order to examine the right to a bonus for educational tasks, **all** children must be listed.
For children between the age of 18 and 25 who are students or doing an apprenticeship, please enclose the relevant studies or apprenticeship certificates.

Surname	First and middle names	Sex F/M	Date of birth day, month, year	If applicable, date of death day, month, year	Own child*	Spouse's child*	Adopted child*	Fostered child*
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

*Please indicate the relationship with a cross

5. General information

5.1 Has an application already been made or is an OASI/DI benefit or a disability allowance already paid in favour of:

- the insured person? Yes ☐ No ☐
- the spouse / civil partner (LPart)? Yes ☐ No ☐
- a child? Yes ☐ No ☐

5.2 Do you wish to anticipate the right to an old-age pension? Yes ☐ No ☐

If yes, what is the desired anticipation period:
(see leaflet 3.04 available from the Swiss compensation offices) 1 year ☐ 2 years ☐

5.3 Do you wish to postpone the start of the pension payment? Yes ☐ No ☐

6. Payment address

Name of the bank / post office _____

Address of the bank / post office (street and number) _____

_____

Postal code _____ Town _____ Country _____

Bank code (Clearing/SWIFT/BIC)* _____
* Australia: BSB Number / Canada: Transit Number / USA: ABA Detail

Personal account IBAN (International Bank Account Number):

_____

7. General information concerning the residence and the gainful employment in Switzerland of the insured person.

7.1 Where and for how long have you lived or resided in Switzerland?
Foreign nationals should indicate the type of permit: seasonal worker, frontier worker, annual or C permit or other.

Town	from (month, year)	until (month, year)	Type of permit

7.2 Please indicate the gainful employment in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)

7.3 **Have you ever been subject to the social security system of an EU/EFTA Member State?** **Yes** ☐ **No** ☐
If yes, please submit the duly completed E207 form with your application.

8. General information concerning the spouse's / ex-spouse's residence in Switzerland

8.1 Has your spouse ever lived or resided in Switzerland?
Foreign nationals should indicate the type of permit: seasonal worker, frontier worker, annual or C permit or other.

Town	from (month, year)	until (month, year)	Type of permit

8.2 If the insured person is widowed or if there are any **ex-spouses** (mentioned under point 3), please indicate the information concerning their stay or residence in Switzerland:

Town	from (month, year)	until (month, year)	Type of permit

If there are other ex-spouses, please write all information concerning them requested under point 8.2 on a separate sheet, which you are kindly asked to join to this application.

9. Documents to send with the application (copies)

- all OASI certificates in your possession
- OASI stamps books in your possession
- copies of Swiss residence confirmations
- Swiss work certificates

Should these documents be missing, the insurance period in Switzerland will be determined by means of a simplified procedure.

10. Depending on the case, copies of the official documents confirming the following, will also have to be provided with the application

- the state of the insured person's family
- the nationality of the insured person
- the date of birth of all persons mentioned in the application
- the date of death of all deceased persons mentioned in the application
- the divorce date of all divorced persons mentioned in the application
- the residence address of the insured person
- the official status documents for fostered or adopted children

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The undersigned certifies that all the information given in this declaration is true and complete. The benefits paid on the basis of false information or declaration will have to be returned.

Date and place _____ Signature of the applicant or of his/her legal representative _____

If the applicant is under supervision, please indicate the name and address of the guardian.

_____

_____

11. Power of attorney (optional)

The applicant gives power of attorney to:

Name _____

Address _____

to represent them, acknowledge the file, act on his/her behalf and receive the decision and the documents concerning the present application.

Date	Signature of the applicant	Signature of the representative
_____	_____	_____

The office responsible for dealing with the application certifies that the information given under points 1 to 4.1 of the present form have been verified by means of valid documentary evidence.

Date and place _____ **Signature and stamp of the responsible institution**

Observations:

Enclosures:

Canada/Switzerland Agreement

Documents and/or information required to support your application [CH/CAN 3.3] for a Swiss old age pension

Originals or certified copies to be submitted:

- Birth Certificate
- Proof of Citizenship (insured, spouse)
- Marriage certificate, if married
- Residence permit specifying the type of residence in Switzerland
- All Swiss insurance certificates (insured, spouse, dependant children)
- All Swiss insurance stamp books, work certificates and, for period prior to 1969, statements of wages or salary (insured, spouse)
- “Declaration of attendance at school or university”, certificate form the educational establishment or apprenticeship contract for children between 18 and 25 who are studying.

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.

Service Canada

PROTECTED B (when completed)

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT AFTER THE START OF FIRST DAY OF CLASS

1. Contributor's Social Insurance Number | Contributor's Given Name and Initial | Family Name

2. Your Social Insurance Number | Preferred Language ◯ English ◯ French | Your Given Name and Initial | Family Name

3. Your Home Address | Home Address (No., Street, Apt. No.,R.R.) | City, Town or Village | Province or Territory | Country | Postal Code

4. Mailing Address (If different from home address) | Mailing Address (No., Street, Apt. No., P.O. Box, R.R.) | City, Town or Village | Province or Territory | Country | Postal Code

5A. Student ID Number

5B. Name of School, University, College, Training Centre, etc.

6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8)

◯ Full Time ◯ Evening ◯ Other

6B. Number of courses per Term

6C. Enrolled In (Specify Course, Grade or Program)

7A Number of hours you are required to attend for course, grade or program.

Hours per week

7B When did your current attendance begin?

YYYY MM DD

7C When will your current attendance end?

YYYY MM DD

8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A if "Evening" or "Other" was selected.

9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in question 1?

◯ Yes ◯ No

Social Insurance Number of that Contributor

10. Direct deposit (for Canada only) *For direct deposit to a financial institution outside Canada, please contact us.*

If your application is approved, your monthly payments will be deposited into <u>your</u> account at your financial institution. Complete the boxes below (you may need to contact your financial institution to get this information).

Branch Number (5 digits) | Institution Number (3 digits) | Account Number (maximum of 12 digits)

Name(s) on the account | Telephone number of your financial institution

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

SECTION B - DECLARATION AND SIGNATURE

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, 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 used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

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, and/or with non-governmental third parties for the purpose of administering the *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank ESDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: www.infosource.gc.ca. Info Source may also be accessed online at any Service Canada Centre.

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 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 Student	Date of Application YYYY MM DD	Telephone Number (including area code)
X		

SECTION C - TO BE COMPLETED BY SCHOOL OR UNIVERSITY AFTER THE START OF FIRST DAY OF CLASS

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:

Additional comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? ◯ Yes ◯ No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number

FOR OFFICE USE ONLY

Approved pursuant to Section 59 of the Canada Pension Plan for continuing payment until advised otherwise.

Authorized signature **Date**