

Canada/Switzerland Agreement

Applying for a Swiss survivors' 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.



Application for a survivors' 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 deceased person

1.1 Surname _____

1.2 Previous names _____

1.3 First and middle names _____

1.4 Date of birth _____ Date of death _____
day, month, year day, month, year

1.5 Nationality(ies) _____

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

Swiss insurance number / Group

2 Identity of the widow or widower

2.1 Surname _____

2.2 Previous names _____

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

2.4 Date of marriage* _____ Date of divorce* _____
day, month, year day, month, year

2.5 Nationality(ies) _____

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

2.6 Address _____

Postal code _____ Town _____ Country _____

3 Identity of the deceased person's ex-spouse.

To be completed if the deceased person has been married / in a civil 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.

* LPart = Federal Law on civil partnerships between persons of the same sex. In this form, the civil status designations also have the following meanings: • marriage: civil partnership, • divorce: legal dissolution of the civil partnership, • widowhood: death of the civil partner.

4. Information concerning all the deceased 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. Special information concerning the widow's / widower's pension

- 5.1** Has the widow / widower been married more than once? Yes ☐ No ☐
If yes, how long did the marriages last?
Married from _____ until _____ 2nd marriage from _____ until _____
- 5.2** Question to which widows and widowers, who at the time of their spouse's death did not have blood-related or adopted children, must reply: Did you live in the same household as one or more of your spouse's children?
Yes ☐ No ☐
If yes, please give the surnames, first names and dates of birth of the children in question.

6. Questions which must be answered in all cases (6.1 to 6.2 and 8.1 to 9.2)

- 6.1** Was the death caused by an accident? Yes ☐ No ☐
Was it the doing of a third party? Yes ☐ No ☐
Have any benefits been requested:
- from a Swiss insurance in case of an accident? Yes ☐ No ☐
- from the AMF (federal military insurance)? Yes ☐ No ☐
If yes, name and address of the responsible insurance or agency _____
- 6.2** Has an application already been made or is an OASI/DI benefit or a disability allowance already paid in favour of:
- the widower or the widow? Yes ☐ No ☐
- the spouse / LPart partner ? Yes ☐ No ☐
- the orphans? Yes ☐ No ☐

7. 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): _____

[illegible][illegible]

8.3 Was the deceased person ever 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.

[illegible]

9.2 Has the **ex-spouse** requesting the benefit 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

10. 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.

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

- the nationality of the widower, widow and of the deceased 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 widower, the widow (the orphans)
 - the official status documents for fostered or adopted children
-

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.

12. 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 5.2 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 for Swiss survivors' pension

Originals or certified copies to provide:

- Birth certificate (deceased, spouse, children)
- Proof of Citizenship (deceased, spouse)
- Marriage certificate, if married
- Where the applicant is the ex-spouse of the deceased person (judicial settlement, decree or contract of divorce)
- Death certificate
- Residence permit specifying the type of residence in Switzerland (deceased)
- All Swiss insurance certificates (deceased, spouse, dependant children)
- All Swiss insurance stamp books, work certificates and, for periods prior to 1969, settlements of wages or salary (deceased, spouse)
- Proof of adoption for adopted children
- "Declaration of attendance at school or university", certificate from the educational institution or apprenticeship contract for children between the ages of 18-25 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.



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) <i>For direct deposit to a financial institution outside Canada, please contact us.</i> 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 _____				

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