

Authorization to Communicate Information OLD AGE SECURITY

It is very important that you:

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

SECTION A - ACCOUNT FROM WHICH THE INFORMATION IS TO BE COMMUNICATED

1. Social Insurance Number or Account Number (where applicable)
2. <input type="radio"/> Mr. <input type="radio"/> Mrs. Usual First Name and Initial Last Name <input type="radio"/> Ms. <input type="radio"/> Miss

SECTION B - PERSON WHO GIVES AUTHORIZATION TO COMMUNICATE THE INFORMATION

<p>Part 1: Under the authority of the <i>Old Age Security Act</i> and Regulations, I hereby authorize the Minister of Human Resources and Social Development Canada to communicate, on an annual basis and with the restrictions stated below, the information checked in Part 2 of this section, to the person or body named in Section C.</p> <p>This authorization remains in effect, unless I cancel it in writing. I have read the restrictions given on this form, and I understand the nature and effect of this authorization.</p> <p>I am (<i>check one</i>): <input type="radio"/> the beneficiary <input type="radio"/> a legal representative</p>			
Signature of beneficiary or legal representative	Year	Month	Day

This section to be completed by the legal Representative who signed above

<input type="radio"/> Mr. <input type="radio"/> Mrs. Usual First Name and Initial Last Name	
<input type="radio"/> Ms. <input type="radio"/> Miss	
Home Address (No., Street, Apt., R.R.) City	Area code and telephone number
Province or Territory	Country other than Canada Postal Code

Part 2: Information to be communicated

- Any** information requested by the person or body named in Section C.

OR

- The following information (Please indicate below information to be disclosed)

TYPE OF BENEFIT

- Old Age Security Guaranteed Income Supplement Allowance Allowance for the Survivor
- Monthly amount of benefit payable** - This is the current monthly amount of benefit that is payable.
- Month and year benefit commenced** - This is the first month for which there was eligibility to the benefit.
- Month and year benefit ceased** - This is the last month for which there was eligibility to the benefit.

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

SECTION C - PERSON OR BODY WHO WILL RECEIVE THE INFORMATION

1. Name of Person or Body		2. Area code and telephone number	
3. Address (No., Street, Apt., R.R.)		City	
Province or Territory	Country other than Canada	Postal Code	
The information obtained pursuant to this request shall not be made available to any other person or body, unless specific authorization is given by the beneficiary or legal representative.			
Signature of person or body		Year	Month
			Day

RESTRICTIONS

The regulations provide that the information cannot be communicated if:

1. the authorization is signed more than one year before the day on which it is received;
2. more than one request for information concerning the same beneficiary is made in the same year and is to be communicated to the same person or body;
3. this authorization is cancelled in writing.



Service
Canada

Service Canada Offices

Old Age Security

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK

Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6
CANADA

QUEBEC

Service Canada
PO Box 1816 Station Terminus
Quebec QC G1K 7L5
CANADA

ONTARIO

For postal codes beginning with "L, M or N"

Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"

Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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