

CAN - FI 2

Application for Canadian Old Age, Retirement and Survivors benefits under the Agreement on Social Security between Canada and the Republic of Finland

In which language do you wish to receive yo	Please:	- Read the er	nclosed guide					
🔿 English 🔿 Frend	ch	1 104001	- Complete th	ne unshaded areas only				
SECTION 1 - TO BE COMPLETED BY AI	For use by the Social							
1. Social Security Numbers of the contrib	Security Institution of Finland only							
Finnish Population Register Number								
				Date of receipt:				
2 Indiante the henefite for which you wild	-							
2. Indicate the benefits for which you wish	_							
A. BENEFIT BASED ON RESIDENCE IN	CANADA AFIER REA	ACHING AGE	18:	_				
Old Age Security Pension				Verified by:				
Complete: Sections 1, 2, 3 and 7 Submit:	Indicate:							
		Year Mor	nth Day					
- a birth certificate	- date of birth							
 proof of the legal status of your resid (Canadian citizenship card, immigra) 				Attached				
CANADA AND LIVED THERE CON	ITINUOUSLY UNTIL Y	OUR DEPART	URE, THIS					
PROOF IS NOT REQUIRED.proof of the dates of your entry into	and your deporture fro	m Conodo		Attached				
(passports, visas, ship or airline tick								
B. BENEFITS BASED ON CONTRIBUTIO	ONS PAID TO THE CA	NADA PENSIO	ON PLAN					
SINCE JANUARY 1966:	Verified by:							
Retirement Pension								
Complete: Sections 1, 2, 4 and 7	Indicate:	Year Mor	nth Day					
Submit: - a birth certificate	- date of birth		iiii Day					
	ving Child's Benefit		ath Benefit					
Complete: Sections 1, 2, 5, 6 (if neces	ssary) and 7							
Submit*:	Indicate:	Year Mor	nth Day					
- a death certificate	- date of death							
- a birth certificate for the	- date of birth of	Year Mor						
deceased contributor	the deceased	Year Mor	nth Day					
	contributor							
- a birth certificate for the survivor	- date of birth of	Year Mor	nth Day					
and each dependent child	the survivor							
		Year Mor	nth Day					
- a marriage certificate	 date of marriage 		,					
 If applying for a Death Benefit only, set 								
certificates only. If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form CAN-FI 2 (DI) wh								
If you wish to apply for a Canada Per is available on this website and from				m CAN-FI 2 (DI) which				

Canadian Social Insurance Number:					PROTECTED B (when completed)							
SEC	SECTION 2 - GENERAL INFORMATION ABOUT THE CONTRIBUTOR OR APPLICANT FOR AN OLD AGE SECURITY PENSION (To be completed by all applicants)											
3.	Optional:	Mr. Mrs. () Miss	⊖ Ms	6.							
4.	Given Name and Initial Family Name					Family Name at Birth						
5.	Address (No. a	n or Village			6. Mailing Address:							
	Province or Territory Country Postal Code											
7.	Place of Birth				_	ne on Ca ame as q		Social Ir 4 or	isurance	e Card		
9. Ir	ndicate periods	of residence and/or p	periods o	of employ	yment ir	a count	ry other	than Ca	nada an	d Finlan	d.	
	Name of Social Security Country Number in that			Residence From To			Emplo		loyment To		Has a benefit been requested?	
	Country	Country	Year	Month	Year	Month	Year	Month	Year	Month	Yes	No
											\bigcirc	\bigcirc
											\bigcirc	\bigcirc
											\bigcirc	\bigcirc
10.	0. Since January 1, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31, 1958? Contributor Spouse or Common-law partner									partner		
11A	Marital Status											
		Married S	eparated	d ()	Divorce	d C) Comm	on-Law	\bigcirc	Surviving common	j spouse -law par	e or tner
11B	1B Spouse's or Common-law partner's Full Name 11C Spouse's or Common-law Year Month Day partner's Date of Birth partner's Date of Birth Date of B											
SEC	SECTION 3 - TO BE COMPLETED WHEN APPLYING FOR AN OLD AGE SECURITY PENSION (Otherwise, proceed to SECTION 4)											
12.	If born outside date and place Canada.		Year	Mon	ith [Day	Plac	ce of Ent	ry			
13.	Indicate the leg	gal status of your res	idence i	in Canac	la at the	time of y	your dep	parture fr	om Can	ada.		
	Canadian (Citizen		\smile	•	•		mit Hold ster's Per				
	Permanent resident (formerly known as Landed Immigrant) Other (please specify)											

Canadian Social Insurance Number:					PROTECTED B (when completed)			
				ave lived from birth to the pr eded, provide the informatio			within the same city, town or	
From To		City, Town or Village	Province or	State	Country			
Yea	ar Month	onth Year Month Or Village						
				ephone number of two pers r residence in Canada.	ons, not related to yo	ou by blood	or marriage, with whom we	
	Na	me		Addre	SS	(includii	Telephone Number ng area, city or regional code)	
10	<u> </u>				If no is your paties			
	Are you co of Canada				If no, is your net we for the year 2018 le \$75,910 in Canadia	ess than	Yes No (See the guide for more information)	
SEC				TED WHEN APPLYING FO seed to SECTION 5)	R A CANADA PENS	SION PLAN	I RETIREMENT PENSION	
17.	When do y	ou want	your pe	nsion to start?				
	IMPORTA	NT: Plea	ase read	I the information sheet be		s section.		
			c	As soon as I qualify				
	Select on	<u>e only</u>	c	At the age of 65 (yo	ur pension will start t	he month a	fter your 65 th birthday)	
				○ As of (indicate date)		ath		
						onth		
SEC				TED WHEN APPLYING FO ceed to SECTION 6)	R A SURVIVOR'S P	ENSION O	R A DEATH BENEFIT	
A. G	ENERAL	INFORM	ATION	ABOUT THE APPLICANT				
18A Optional: OMr. Mrs. Miss Ms.								
18B	Given Na	me and I	nitial	Family Name		Family Na	ame at Birth	
19.	Address (No. and	Street, /	Apt. No.) City, Town o	r Village		ng Address: ne as question 19 or	
	Province	or Territo	ory	Country	Postal Code			
21.	Applicant	s relation	ship to	he deceased contributor		I		

Can	adian Social Insurance Number:					PROTECTED B (when completed)					
A. (GENERAL INFORMATION ABOUT TH	IE APPLICANT	(CONTINUEI	D)							
22.	22. Is there an executor, administrator or legal representative of the estate of the deceased contributor?										
	○ Yes If " Yes ", indicate whether ○ Same as in questions 18 and 19 or										
	No As shown below										
	Given Name	Family Name									
	Given Name	Family Name									
	Address (No. and Street, Apt. No.)	City, Town or Village									
	Province or Territory		Country Postal Code								
В.	INFORMATION ABOUT THE SURVIV	OR									
23.	Social Insurance Number in Canada	24A Optional:	◯ Mr.	⊖Mrs.	ОM	iss ()Ms.					
24B		_	mily Name Family Name at Birth								
	Same as in question 18 or	Same as	Same as in question 18 or								
25.	25. At the time of the contributor's death, were you residing with him or her?26. At the time of the contributor's death, were you to him or her?										
	◯ Yes ◯ No			С) Yes	◯ No					
SEC	CTION 6 - TO BE COMPLETED WHE (Otherwise, proceed to SE is not the person named in	CTION 7) Quest				ENEFIT eted only when the applicant					
27.	Full Name of Child		Date	e of Birth		For use by the Social Security Institution of Finland only					
			Year	Month	Day	Verified by:					
28A	Optional: () Mr. () Mrs. ()	Miss () Ms.									
28B	Given Name		Family	Name							
29.	Address (No. and Street, Apt. No.)		1			City, Town or Village					
	Province or Territory		Country			Postal Code					

Canadian Social Insurance Number:

SECTION 7 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS. NOTE: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.

30. Declaration and signature

I declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize the social security institution of the country which is a Party to this Agreement to furnish to Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits.

The information you provide is collected under the authority of the *Old Age Security Act (OAS Act)* and 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*, section 15 of the *OAS 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. The SIN will also be used for income verification purposes with the Canada Revenue Agency to deliver better service to you, and minimize government duplication.

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 nongovernmental third parties for the purpose of administering the *Canada Pension Plan*, the *OAS Act*, 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, of the *OAS Act* and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the OAS Act, 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 (CPP) and Personal Information Bank ESDC PPU 116 (OAS). 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 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 Applicant				
ate				Telephone Number (including area, city or regional code)
	Year	Month	Day	

Canadian Social Insurance	Number:	PROTECTED B (when completed)					
31. Declaration of with I read the conte or her mark in n	ents of this application to the appl	icant who appeared to full	y understand and v	who made his			
Signature of W	litness	Name of	Witness (Please p	print)			
Address of Witr	ness						
	TO BE COMPLETED BY TH	HE LIAISON AGENCY IN CA	NADA				
Eligibility Date - OAS	Eligibility Date - CPP	Date of receipt	Age	Residence Status			
Year Month Day	Year Month Day	Year Month Day	A B T	X Y Z O			
Payment Date - OAS Year Month Day	Payment Date - CPP Year Month Day	Elective Date Year Month Day	Residence (Transitional Ru 3 (1) (b) 3	Residence (1) (c) 3 (1.1)			
Aggregate	I certify that the applicant is eligible and that the benefit(s) is (are) particular or the <i>Canada Pension Plan</i> .						
Rounded Down			Date				
	Verified by:		Date				

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

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