



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="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> Miss	

SECTION B - PERSON WHO GIVES AUTHORIZATION TO COMMUNICATE THE INFORMATION

Part 1: Under the authority of the *Old Age Security Act* and Regulations, I hereby authorize the Minister of 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.

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.

I am (*check one*): the beneficiary a legal representative

Signature of beneficiary or legal representative	Year Month Day
X	

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial	Last Name	
<input type="checkbox"/> Ms. <input type="checkbox"/> 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.

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Social Insurance Number

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
X			

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 Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

NEWFOUNDLAND AND LABRADOR

Service Canada
P.O. Box 9430
St. John's NL A1A 2Y5

ONTARIO (Timmins)

Service Canada
P.O. Bag 2013
Timmins ON P4N 8C8

PRINCE EDWARD ISLAND

Service Canada
P.O. Box 20105
Sherwood Postal Outlet
Sherwood PE C1A 9E3

ONTARIO (Chatham)

Service Canada
P.O. Box 2020
Chatham ON N7M 6B2

NOVA SCOTIA

Service Canada
P.O. Box 1687
Postal Station "M"
Halifax NS B3J 3J4

MANITOBA AND SASKATCHEWAN

Service Canada
P.O. Box 818
Station Main
Winnipeg MB R3C 2N4

NEW BRUNSWICK

Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
P.O. Box 2710
Main Station
Edmonton AB T5J 4C2

QUEBEC

Service Canada
P.O. Box 1816
Quebec QC G1K 7L5

BRITISH COLUMBIA AND YUKON

Service Canada
P.O. Box 1177
Victoria BC V8W 2V2

ONTARIO (Scarborough)

Service Canada
P.O. Box 5100
Postal Station "D"
Scarborough ON M1R 5C8

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