GE - CAN 1

Personal Information Bank HRSDC PPU 175

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

In which language do you wish to receive your corres	pondence?	Please:	Read the enclosed guident	de						
English French	☐ English ☐ French • Complete the unshaded									
SECTION 1 - TO BE COMPLETED BY ALL APPLIC	For use by the Social Security Institution only									
1. Social Security Numbers of the contributor or app	Date of receipt:									
Social Security or Identification Number										
2. Indicate the benefits for which you wish to apply a										
A. BENEFIT BASED ON RESIDENCE IN CANADA										
Old Age Security Pension	Verified by:									
Complete: Sections 1, 2, 3 and 7		verified by.								
Submit:	Indicate:	Y	ear Month Day							
z a birth certificate	a birth certificate z date of birth									
proof of the legal status of your residence in Ca card, immigration papers, etc.). IF YOU WERE UNTIL YOUR DEPARTURE, THIS PROOF IS N	Attached									
z proof of the dates of your entry into and your de (passports, visas, ship or airline tickets, etc.)		Attached								
B. BENEFITS BASED ON CONTRIBUTIONS PAID JANUARY 1966:	Verified by:									
Retirement Pension										
Complete: Sections 1, 2, 4 and 7		,	Anna Maratha Davi							
Submit:	Indicate:	. Y	ear Month Day							
∞ a birth certificate	z date of bi	rth LL								
Survivor's Pension Si	urviving Chil	d's Benefit	Death Benefit							
Complete: Sections 1, 2, 5, 6 (if necessary) and	7	,								
Submit*:	Indicate:		∕ear Month Day							
z a death certificate	$_{z}$ date of de	eath L								
a birth certificate for the deceased contributor										
a birth certificate for the survivor and each dependent child	z date of bi survivor	rth of the	/ear Month Day 							
∠ a marriage certificate	z date of m	arriage								
* If applying for a Death Benefit only, submit the	contributor	's death and birth (certificates only.							
If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form GE-CAN 1 (DI) which is available on this website and from your nearest social security office.										

Cana	adian Soci	al Insura	ance Number	r	ı_L	ı <u>ı</u> <u>l</u>	1 <u> </u>														
SEC			RAL INFORM completed b				TRIBU	TOR	OR AF	PLIC/	ANT FOR A	N OLD	AGE SEC	URITY	PENSIO	N					
3.		Mal			Female																
4.	Given Na	ıme				Family Na	ame					Family	Name at B	irth							
5.	Address ((No. and	d Street, Apt.	No.)					6. Mailing Address: Same as in question 5 or												
	Postal Co	ode	City, Town o	or Villag	je	Country															
7.	Place of E	3irth							8. N		Social estion 4	Insurance (Card								
9. Indicate periods of residence and/or periods of employment in a country other than Canada and Hungary.																					
_							Resi	denc				Emplo	<u> </u>			benefit					
1	Name of Co	ountry	Social Inst in tha	urance I at Coun		1101	1	[,	To Year	TMonth	From	n Month	To	T		quested?					
						Year	Month	 	Year	Month	Year	Monu	Year	Month	Yes	No					
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10.	Since la		1066 have	······································		Land or com		ne	-tnor	Щ_		Ш		Щ_							
16.	been eligi	gible for C	1966, have y Canadian Fa December 3	mily Allo	lowances						Contributo	or] No	Spouse	or Com Yes	nmon-law No						
11A	. Marital St	tatus	Single		Married		Commo	n-lav	w [] Sep	parated	Divo	orced		viving spor						
11B	. Spouse's	or Com	nmon-law par	tner's F	ull Name	e		11	-	ouse's c	or Common- rth	-law pai	rtner's	Year	Month	•					
SEC		_	COMPLETEI wise, procee				AN OL	_D A(GE SE	CURIT	Y PENSION	1									
12.			anada, give o o Canada.	late and	1	Year	Mor	nth	Day	PI	lace of Entry	<i>y</i>									
13.	Indicate t	the legal	l status of you	ur reside	ence in (Canada at	the time	e of y	your de	parture	from Cana	da									
	Cana	adian Citi	iizen	F	Permane	ent Resider	nt (Land	ded Ir	mmigra	ant)		Admit	tted on a M	linister'	s Permit						
	Other	er (specify	y)					_													
14.	(If more s		here you hav needed, pro								inges within	the sar	me city, tov	vn or vi	llage.						
	From Year	Month	To Year	Month	City	y, Town or \	Village			Provi	nce or State	-	Country								
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								\Box													
15.			ess and telep dence in Can		umber o	of two perso	ns, not	: rela	ted to y	ou by	blood or ma	ırriage,									
		Name					Address						Telephone Number (including area, city or regional code)								
16.	If no, is your net world income for the year 2008 less than Yes No \$64,718 in Canadian dollars? (See the guide for more information)													ide for		ormation)					

Can	adian Social Insurance Number													
SEC	CTION 4 - TO BE COMPLETED WHEN APPLY (Otherwise, proceed to SECTION 5		DA PENSION	PLAN RETIRE	MENT PENSION									
17A	Year Month OR earliest month eligible	contributing n, have you ubstantially date	If "Yes", when did cease or substant Year	I you or will you tially cease working? Month										
SE(CTION 5 TO DE COMPLETED WILEN ADDI N	VINC FOR A CURVE	VODIC DENCI		TH DENEELT									
SEC	CTION 5 - TO BE COMPLETED WHEN APPLY (Otherwise, proceed to SECTION 6		VUR 5 PENSI	ON OR A DEA	IN BENEFII									
Α.	GENERAL INFORMATION ABOUT THE APPL	ICANT												
18.	Given Name	Family Name		Fai	mily Name at Birth									
19.	Address (No. and Street, Apt. No.)		20. Mailing	Address: 5	Same as in questio	ne as in question 19 or								
	Postal Code City, Town or Village Country													
21.	Applicant's relationship to the deceased contri	butor �												
22.	Is there an executor, administrator or legal rep	resentative of the es	state of the de	ceased contribu	utor?									
	☐ Yes If "Yes", indicate whether ☐ Same as in questions 18 and 19 or ☐ No ☐ As shown below Given Name Family Name													
	Address (No. and Street, Apt. No.)													
	Postal Code City, To	wn or Village		Со	untry									
В.	INFORMATION ABOUT THE SURVIVOR													
23.	Social Insurance Number in Canada	Name as in question 18 or	Family N	ame as in question	Family Nat	me at Birth as in question 18 or								
25.	Are you disabled? 26. At the time of t residing with h	the contributor's deal	th, were you		I ne of the contributor o him or her?	r's death, were you								
	☐ Yes ☐ No ☐ Yes	∏ No		married to	Yes									
28.	If you were under age 45 at the time of the cor	 ntributor's death, indi	icate if you we	re maintaining:	<u>—</u>									
	a) a child of the contributor under age 18. If the child was not in your custody and control, please explain the circumstances on a separate sheet of paper.													
	b) a disabled child of the contributor age 18 o	r over.												
	c) a child of the contributor age 18 to 25 in furplease indicate on a separate sheet of papthe school or university he or she is attend	er the child's name												
29.	If "Yes" to any of the questions in 28, have you contributor's death to the present?	☐ Yes	☐ No											

Cana	adian Social Insura	ance Numi	ber	<u> </u>		Ι,		— I ,																
SEC	CTION 6 - TO BE Questi	COMPLET																					TION 7	7)
30. Full Name of Child											Date of Birth							S	For use by the Social Security Institution					
													Yea	ar		Mon	ith	Day	, c	only				
											\exists	工		_						/eriii	ied by:			
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																				-				
31. Given Name Family Name																								
32.	32. Address (No. and Street, Apt. No.)																							
	Postal Code				City	y, Town	or V	/illag	je								Co	ount	ry					
	IT IS AN OFFEI	NCE UNDI	ER C	ANA	DIAN	I LAW	TO N	1AK	EA	FA	LSE	E OF	R MIS	SLE <i>F</i>	ADI	NG S	STAT	ЕМЕ	ENT IN	N THI	S AF	PLIC	ATION	
SEC	CTION 7 - TO	BE SIGNE	D B	Y THI	E API	PLICAI	NT																	
		ou are app									licat	te or	1 a s	epar	rate	she	et of	рар	er yo	ur ful	II naı	me and	addr	ess,
33.	Declaration of A	Applicant														34.	Dec	lara	tion o	of witr	ness	requi	red onl	ly
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. In addition, I realize that my personal information governed by the <i>Privacy Act of Canada</i> may be disclosed where authorized under the <i>Old Age Security Act</i> or the <i>Canada Pension Plan</i> . Signature of Applicant										he nis on	appl	icant	who	appe	eared	l to f	ully un	cation idersta esence	to the nd and					
• •	_					-									·				Signa	ature o	of Wi	itness		
NO	TE: Signature by who must co							y an	ıy re	sp	ons	sible	pers	son		Nam	ne of \	Vitn	ess (F	Please	e prir	nt)		
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	Date of Appl Year Mo	lication onth Day					ephon luding]				or re	egio	nal co	ode))									
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	Eligibility Date - O Year Month		L	Yea		y Date - Month				L	Y	Dai /ear	te of r	receip Mont		Day I		A	Age B	T] [ence St	atus O
L	Payment Date - O Year Month			Pa Yea		Month				L	Y	Ele /ear	ective	Date Mont		Day		3 (Re (Trans (1) (b)	esiden sitional		s) (c)		dence
Aggre	egate					plicant i payable																		е
Roun	nded Down	Certi	ified b	oy:															Dat	е				
Verified by:												Date												

Service Canada delivers Human Resources and Social Development Canada (also known as Human Resources and Skills Development Canada) programs and services for the Government of Canada.