



## Agreement to administer benefits under the Old Age Security Act and/or the Canada Pension Plan by an Agency or Institution

Trustees must maintain yearly records of the monies received and spent for our beneficiaries. Should the Minister want an accounting report, the trustee must provide the requested documentation for the applicable year(s).

### It is very important that you:

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

Beneficiary's  
Social Insurance Number

The information contained on this form is essential for payments of benefits under the *Old Age Security Act* and/or the *Canada Pension Plan* to persons acting on behalf of a beneficiary who is incapable of managing his/her own affairs. It is retained in the information bank relating to the benefit being paid. Under the *Privacy Act*, the beneficiary has the right to request a copy of this record.

### Old Age Security and/or Canada Pension Plan beneficiary

Mr.	Mrs.	Usual First Name and Initial	Last Name
Ms.	Miss		

### Agency or Institution

Official Name of Agency or Institution

Address - No., Street, Apt., P.O. Box, R.R. and City

Province or Territory

Country - If other than Canada

Postal Code

We hereby agree, where so appointed, to receive benefits payable to any beneficiary under the *Old Age Security Act* and/or the *Canada Pension Plan* that Employment and Social Development Canada may direct to be paid to this agency or institution, and undertake without charge:

1. to act on behalf of the beneficiary, and, in accordance with any directions from Employment and Social Development Canada, to administer and expend the benefits in the best interests of that beneficiary;
2. to complete an accounting report for all benefits received and the payments made from them, upon request from Employment and Social Development Canada;
3. to notify Employment and Social Development Canada if the beneficiary changes address, becomes absent from Canada, dies or ceases to be incapable of managing his/her own affairs, or if the trusteeship ends; and to provide any other information or evidence, and to do anything that the *Old Age Security Act* and/or the *Canada Pension Plan* or the Regulations would require from the beneficiary; and
4. to return, if the beneficiary should die, all his/her Old Age Security and/or Canada Pension Plan benefit payments which may be made after the month of death, and to reimburse Her Majesty the Queen in Right of Canada for any loss sustained by her through the receipt of such payments.

If you are a municipality or a charitable or non-profit organization applying to administer the benefits of an incapable senior who is homeless or at imminent risk of being homeless, please complete questions 1 to 3.

### Information about the individual's living situation

1. I hereby attest that I have assessed the individual's living situation and believe that the individual named above is homeless or at imminent risk of being homeless due to the following factors (check all that apply):

- ☐ the absence of a fixed home address
- ☐ a regular pattern of shelter usage
- ☐ a precarious/unsafe/inadequate housing arrangement
- ☐ self-identification of the individual as being homeless

Beneficiary's Social Insurance Number

## Information about your Organization

### 2. Organization Type

I hereby attest that our organization \_\_\_\_\_ is:  
Organization Name

☐ **A Municipality** incorporated under the relevant Provincial or Territorial Act (Please provide the name and section of the relevant Act) \_\_\_\_\_

☐ **A Registered Charity** (Please provide your Charitable Registration Number) \_\_\_\_\_

☐ **A Non-Profit Organization** (Please indicate if your organization possesses an exemption under the *Income Tax Act*

☐ Yes \*If yes, please provide proof of the exemption. If this is not available, please provide information supporting your status as a non-profit organization

☐ No

### 3. Please confirm that you have the relevant professional liability insurance or, in the case of municipalities, the ability to fund a liability.

☐ Yes

☐ No

**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.

**IN WITNESS WHEREOF**, this document has been executed under seal on behalf of the agency or institution named above, by its officers duly authorized in that regard, this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

**Signature of Representative of Agency or Institution**

**Signed, Sealed and Delivered in the presence of**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Signature of Representative**

Name of Witness - Please print

Name of representative - Please print

Address of Witness - No., Street, Apt., P.O. Box, R.R.

Please indicate your Title

City, Town or Village

Province or Territory

Country - if other than Canada

Postal Code

Telephone number

Telephone number

Occupation of Witness



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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