Canada / Switzerland Agreement

Applying for Swiss Benefits

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: “X”) the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
Ottawa, Ontario K1A 0L4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Human Resources and Skills Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Old-Age and Survivors' Insurance OASI

Application for an old-age pension for persons residing outside Switzerland

Office responsible for dealing with the application _____

Application received on _____

Swiss insurance number / Group

1 Identity of the insured person

1.1 Surname _____

1.2 Previous names _____

1.3 First and middle names _____

1.4 Date of birth _____
day, month, year

1.5 Civil status*

Single	Married since	Divorced since	Widowed since	Separated since
❑	_____	_____	_____	_____

1.6 Nationality(ies) _____

since _____ (day, month, year) Place of origin _____ (for Swiss nationals)

1.7 Address _____

_____

Postal code _____ Town _____ Country _____

Swiss insurance number / Group

2 Identity of the insured persons' spouse / registered partner LPart*

2.1 Surname _____

2.2 Previous names _____

2.3 First and middle names _____ Date of birth _____
day, month, year

2.4 Nationality(ies) _____

since _____ (day, month, year) Place of origin _____ (for Swiss nationals)

2.5 Address _____

_____

3 Identity of the ex-spouse / partner. To be completed if the insured person is widowed or has been married / in a registered partnership LPart* more than once.

3.1 Surname _____

3.2 Previous names _____

3.3 First and middle names _____ Date of birth _____
day, month, year

3.4 Date of marriage* _____ (day, month, year) Date of divorce* _____ (day, month, year) Date of death _____ (day, month, year)

_____

3.5 Address _____

3.6 If there are other ex-spouses, please give all information under points 3.1 to 3.5 concerning them on a separate sheet of paper, which must be submitted with this application.

*** LPart =** Federal Law on civil partnerships between persons of the same sex. In this form, the civil status designations also have the following meanings: • marriage: civil partnership, • divorce: legal dissolution of the civil partnership, • widowhood: death of the civil partner.

4. Information concerning all the insured person's children. For fostered or adopted children, please provide the official documents.

4.1 In order to examine the right to a bonus for educational tasks, **all** children must be listed.
For children between the age of 18 and 25 who are students or doing an apprenticeship, please enclose the relevant studies or apprenticeship certificates.

Surname	First and middle names	Sex F/M	Date of birth day, month, year	If applicable, date of death day, month, year	Own child*	Spouse's child*	Adopted child*	Fostered child*
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑
					❑	❑	❑	❑

*Please indicate the relationship with a cross

5. General information

5.1 Has an application already been made or is an OASI/DI benefit or a disability allowance already paid in favour of:

- the insured person? Yes ❑ No ❑
- the spouse / civil partner (LPart)? Yes ❑ No ❑
- a child? Yes ❑ No ❑

5.2 Do you wish to anticipate the right to an old-age pension? Yes ❑ No ❑

If yes, what is the desired anticipation period:
(see leaflet 3.04 available from the Swiss compensation offices) 1 year ❑ 2 years ❑

5.3 Do you wish to postpone the start of the pension payment? Yes ❑ No ❑

6. Payment address

Name of the bank / post office_____

Address of the bank / post office (street and number)_____

_____

Postal code _____ Town _____ Country _____

Bank code (Clearing/SWIFT/BIC)* _____
* Australia: BSB Number / Canada: Transit Number / USA: ABA Detail

Personal account IBAN (International Bank Account Number):

_____

7. General information concerning the residence and the gainful employment in Switzerland of the insured person.

7.1 Where and for how long have you lived or resided in Switzerland?
Foreign nationals should indicate the type of permit: seasonal worker, frontier worker, annual or C permit or other.

Town	from (month, year)	until (month, year)	Type of permit

7.2 Please indicate the gainful employment in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)

7.3 **Have you ever been subject to the social security system of an EU/EFTA Member State?** **Yes** ❑ **No** ❑
If yes, please submit the duly completed E207 form with your application.

8. General information concerning the spouse's / ex-spouse's residence in Switzerland

8.1 Has your spouse ever lived or resided in Switzerland?
Foreign nationals should indicate the type of permit: seasonal worker, frontier worker, annual or C permit or other.

Town	from (month, year)	until (month, year)	Type of permit

8.2 If the insured person is widowed or if there are any **ex-spouses** (mentioned under point 3), please indicate the information concerning their stay or residence in Switzerland:

Town	from (month, year)	until (month, year)	Type of permit

If there are other ex-spouses, please write all information concerning them requested under point 8.2 on a separate sheet, which you are kindly asked to join to this application.

9. Documents to send with the application (copies)

- all OASI certificates in your possession
- OASI stamps books in your possession
- copies of Swiss residence confirmations
- Swiss work certificates

Should these documents be missing, the insurance period in Switzerland will be determined by means of a simplified procedure.

10. Depending on the case, copies of the official documents confirming the following, will also have to be provided with the application

- the state of the insured person's family
- the nationality of the insured person
- the date of birth of all persons mentioned in the application
- the date of death of all deceased persons mentioned in the application
- the divorce date of all divorced persons mentioned in the application
- the residence address of the insured person
- the official status documents for fostered or adopted children

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The undersigned certifies that all the information given in this declaration is true and complete. The benefits paid on the basis of false information or declaration will have to be returned.

Date and place | Signature of the applicant or of his/her legal representative

_____ _____

If the applicant is under supervision, please indicate the name and address of the guardian.

_____

_____

11. Power of attorney (optional)

The applicant gives power of attorney to:

Name _____

Address _____

to represent them, acknowledge the file, act on his/her behalf and receive the decision and the documents concerning the present application.

Date	Signature of the applicant	Signature of the representative
_____	_____	_____

The office responsible for dealing with the application certifies that the information given under points 1 to 4.1 of the present form have been verified by means of valid documentary evidence.

Date and place | Signature and stamp of the responsible institution

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Observations:

Enclosures:

Service Canada

PROTECTED WHEN COMPLETED - B
Personal Information Bank HRSDC PPU 146

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT

1. Contributor's Social Insurance Number	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss Contributor's Given Name and Initial	Last Name
2. Your Social Insurance Number	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss Your Given Name and Initial	Last Name
3. Home Address	Home Address (No., Street, Apt., R.R.) City Province or Territory Country other than Canada Postal Code	
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt., R.R.) City Province or Territory Country other than Canada Postal Code	
5A. Student ID Number	**5B.** Name of School, University, College, Junior College, Training Center, etc.	

6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) ☐ Full Time ☐ Evening Time ☐ Other	**6B.** Number of Courses	**6C.** Enrolled In (Specify Course, Grade or Program)

7A. Number of hours you are required to attend per week for course, grade or programe. Hours per week ▶	**7B.** When did or will your current attendance begin? ▶ Year Month	**7C.** When will your current attendance end? ▶ Year Month

8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.

9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in 1. Above? ☐ Yes ☐ No ▶ Social Insurance Number of that Contributor

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

Date	Signature of Student	Telephone Number

SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:
Additional Comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? ☐ Yes ☐ No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number

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

Canada / Switzerland Agreement

Documents and/or information required to support your application [CH/CAN 3.3] for a Swiss Old Age Benefit

The applicant must submit original or certified copies of the following:

- Birth Certificate
- Proof of Citizenship (insured, Spouse)
- Marriage certificate, if married

The following documents (if applicable) must accompany the application to Switzerland:

- Residence permit specifying the type of residence in Switzerland
- All Swiss insurance certificates (insured, spouse, dependant children)
- All Swiss insurance stamp books, work certificates and, for period prior to 1969, statements of wages or salary (insured, spouse)
- “Declaration of attendance at school or university”, certificate form the educational establishment or apprenticeship contract for children between 18 and 25 who are studying.

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.