



Consent to Communicate Information to an Authorized Person

This form allows you to name a person (such as your spouse, partner, other family member or friend) to communicate on your behalf with Service Canada regarding your Canada Pension Plan (CPP) and Old Age Security (OAS) benefits. It allows Service Canada to communicate to this authorized person your personal information concerning CPP/OAS benefits, payments, income, contributions and changes to your address (excluding the address where your cheque is mailed or the bank account where the payment is deposited). It **does not provide authority** for the person to apply for benefits for you, change your payment address or request/change voluntary tax withhold. If our records indicate that a legal representative, such as a Power of Attorney or Trustee, is authorized to act on your behalf, all communications will be made through that legal representative.

Note: Third Parties are not currently authorized to use the CPP/OAS On-line Services.

Section 1 : Your Consent (*you must complete and sign this section*)

_____	_____	_____	_____
First Name	Initial	Family Name	Social Insurance Number

I hereby give my consent for Service Canada to communicate **personal information on my behalf** and to act on information received from **the authorized person, named in Section 2, concerning CPP/OAS benefits, payments, income, contributions and changes to my address** (excluding the address where my cheque is mailed or the bank account where the payment is deposited) **on the programs below:**

Check applicable box(es): Canada Pension Plan Old Age Security

This consent form **does not provide authority** to the person to apply for benefits on my behalf or to change my payment address (the address where my cheque is mailed or the bank account where the payment is deposited) or request/change voluntary tax withhold. I understand that this consent remains valid unless I cancel it in writing and that it is only valid if Service Canada receives this form within one year from the date I sign it. I also understand that this consent is revoked in the event of my death.

Your Signature: _____ Date: _____

Year Month Day

Section 2 : The person you would like us to communicate with must complete and sign this section

_____	_____	_____
First Name	Initial	Family Name

Telephone numbers: Home _____ Work _____ Other _____

Complete mailing address: _____
(No., Street, Apt., P.O. Box, R.R.) City Province Country Postal Code

I understand that I can communicate with Service Canada on the program(s) checked off above to give and receive personal information on behalf of the person named in Section 1. I also understand that I **do not have the authority** to apply for a benefit or to change the payment address (the address where the cheque is mailed or the bank account where the payment is deposited) or request/change voluntary tax withhold on this person's behalf.

Signature: _____ Date: _____

Year Month Day

Protection of your personal information

CPP and OAS cannot give your personal information to any person or organization without your written consent, except where authorized by CPP or OAS legislation. You (or your authorized legal representative) have the right to request a copy of the information in your file.

How to reach CPP and OAS:

- In Canada and the United States, call
- English - General Inquiries: 1 800 277-9914
- French - General Inquiries: 1 800 277-9915
- TTY users: 1 800 255-4786 (for people with a speech or hearing impairment)

To learn more about this form, Canada Pension Plan, Old Age Security Program and Service Canada on-line services, please visit our Internet site at: serviccanada.gc.ca

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





Consent to Communicate Information to an Authorized Person Instruction Sheet

Why do I need to complete this form?

Personal information about you and the financial benefits paid to you is confidential. We need your signed consent if you want Service Canada to communicate with another person (such as your spouse, partner or accountant) for CPP/OAS program benefit matters. You can give this consent by completing and signing Section 1 of the attached form. The person you would like us to communicate with must complete and sign Section 2.

Your signed consent allows Service Canada to communicate confidential CPP/OAS program benefit information to this person and allows him or her to communicate with us on your behalf. This consent will stay in effect until a written cancellation request is received from you or in the event of your death.

Note: Third Parties are not currently authorized to use the CPP/OAS On-line Services.

Does my spouse, common-law partner, or other family member need my consent?

Yes, Service Canada cannot communicate your personal benefit information with your spouse, common-law partner, son or daughter without your signed consent.

What will this person be allowed to do on my behalf?

When you give signed consent to Service Canada to communicate with this person, you are letting that person provide and receive your personal program benefit information such as benefit rates, changes to your address excluding payment address (the address where your cheque is mailed or the bank account where the payment is deposited), OAS income, Canadian residence information and CPP contributions.

What is this person not allowed to do on my behalf?

This consent form **does not provide authority** to the person to apply for benefits, withdraw or cancel benefits, change your payment address (the address where your cheque is mailed or the bank account where the payment is deposited), request or change voluntary tax withhold.

Who can change my payment address including direct deposit information?

Generally, only you can ask us to change your payment address (the address where your cheque is mailed or the bank account where the payment is deposited). However, a legal representative, someone with a power of attorney granted from you, or a trustee, can ask us to change this information. That person does not need to complete this form, but he or she has to provide a certified copy of the legal document that names him or her as acting in that capacity.

