

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), Old Age Security (OAS) benefits, and Foreign benefits (FB) under an International Social Security Agreement (ISSA). It allows Service Canada to communicate to this authorized person your personal information concerning CPP/OAS benefits, payments, income, contributions, application for Foreign Benefits under an International Social Security Agreement, 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 Service Canada online 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, application for Foreign Benefits under an International Social Security Agreement, 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	Foreign benefits under an International Social Security Agreement
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 (YYYY-MM-DD)	

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

First name	Initial	Family name	Relationship to person in Section 1
Telephone numbers: Home Work Other			
Mailing address (no, street, apt., PO box, RR), City/Town, Province/Territory, Country (if not Canada), 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 (YYYY-MM-DD) _____			

Section 3: Witness Declaration - if the individual in Section 1 signs with a mark, a witness (friend, member of the family, etc.) must complete this Section. A witness cannot be the person named in Section 2.

First name	Initial	Family name	Relationship to person in Section 1
Telephone numbers: Home Work Other			
Mailing address (no, street, apt., PO box, RR), City/Town, Province/Territory, Country (if not Canada), Postal code			
Signature of witness: _____ Date (YYYY-MM-DD) _____			

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada



Consent to Communicate Information to an Authorized Person Instruction Sheet



Discover the Convenience of My Service Canada Account (MSCA)

- Apply online at any time for available Canada Pension Plan (CPP) and Old Age Security (OAS) benefits and services.
- Access accurate and up-to-date information about your CPP and/or OAS benefit entitlement.
- Get instant confirmation that your form or document has been received.
- Access tools and information to help you make an informed decision.
- Find help and information on additional benefits you may qualify for.
- Submit documents electronically for CPP disability benefits, CPP death benefit, CPP survivor's pension, and CPP children's benefits (for students aged 18 to 25).

Go to www.canada.ca/msca or scan:

For your safety, visit www.cyber.gc.ca/en for tips on protecting your devices and reporting suspected cyber incidents.



Protection of your personal information

Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by CPP or OAS legislation or by the terms of the International Social Security Agreement. 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: 1-800-277-9914
- French: 1-800-277-9915
- TTY users: 1-800-255-4786

How to reach International Operations

- English: 1-800-454-8731
- French: 1-800-454-8731
- TTY users: 1-800-255-4786

From all other countries (collect calls accepted): 1-613-957-1954

To learn more about this form, Canada Pension Plan, Old Age Security Program, Foreign benefits under an International Social Security Agreement and Service Canada online services, please visit our Internet site at: www.canada.ca/public-pensions

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/FB 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/FB program benefit information to this person and allows them 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 Service Canada online 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), tax slips, 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 they have to provide a certified copy of the legal document that names them as acting in that capacity.