



Statement of Estimated Income after Retirement or
Reduction in Pension Income Year

NAME AND ADDRESS

Please complete all sections
and sign on the next page

SECTION A - INFORMATION ABOUT YOU

1A. Your Social Insurance Number	1B. Area code and telephone number at home	1C. Area code and telephone number at work (if applicable)
1D. Service Canada may contact you by email to provide you with information or ask you to call us. Personal information will not be requested or shared.		Email address: (Optional)

SECTION B - INFORMATION ABOUT YOUR RETIREMENT AND/OR REDUCTION/CESSATION IN PENSION
INCOME (Please complete 2A and 2B and/or 2C)

2A. ☐ I retired on (indicate the last day for which a wage or salary is paid)	YYYY - MM - DD	If the date to the left was filled in when you received this form, and it is incorrect, please cross out the date and write the correct date.
2B. Was this seasonal employment? ☐ Yes ☐ No	Will you be returning to this job? ☐ Yes ☐ No	If so, when YYYY - MM - DD
and/or		
2C. ☐ My pension income, Employment Insurance or Worker's Compensation benefit was or will be reduced or stopped on (indicate the last day that you received a regular payment)	YYYY - MM - DD	If the date to the left was filled in when you received this form, and it is incorrect, please cross out the date and write the correct date.

SECTION C - INFORMATION ABOUT YOUR PENSION AND/OR ANNUITY INCOME (if applicable)

Note: If a lump sum amount is declared, please see section titled Lump Sum Amount on the Information Sheet.	A		B	C		D
	Year and month the pension/annuity began or will begin			First month your pension/annuity amount changed or will change		Monthly gross amount that you received or will receive from the date you entered in column C
	Year	Month		Year	Month	
3A. Canada Pension Plan or Quebec Pension Plan benefits			\$			\$
3B. Pension from previous employment			\$			\$
3C. Pension from other countries (in Canadian funds)			\$			\$
3D. Alimony or maintenance payments			\$			\$
3E. Registered Retirement Income Fund (RRIF) *			\$			\$
3F. Annuity from a Registered Retirement Savings Plan (RRSP)			\$			\$
3G. Disability benefit from a private insurance plan			\$			\$
3H. Other pension or annuity, please specify: _____			\$			\$
* If you have declared an amount on line 3E above, indicate how often you receive these payments. ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Lump Sum						

SECTION D - INFORMATION ABOUT YOUR EMPLOYMENT INSURANCE OR WORKERS' COMPENSATION
BENEFIT (if applicable)

* You can find this information on your payment stub.	A			B	C	D
	Date the benefit began or will begin				First day your benefit amount changed or will change	* Gross amount that you received or will receive from the date you entered in column C
	Year	Month	Day			
4A. Employment Insurance benefits				\$ Weekly		\$ Weekly
4B. Worker's compensation benefits (CSST in Quebec)				☐ Daily ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Lump Sum		☐ Daily ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Lump Sum

SECTION E - INFORMATION ABOUT YOUR INCOME FROM EMPLOYMENT AND/OR SELF-EMPLOYMENT (if applicable)

		Social Insurance Number	
5A. Severance pay	Date of receipt (YYYY-MM-DD):		\$
5B. Vacation pay	Date of receipt (YYYY-MM-DD):		\$
5C. Sick leave benefits	Date of receipt (YYYY-MM-DD):		\$
5D. Retroactive salary adjustments	Date of receipt (YYYY-MM-DD):		\$
5E. Salary commissions			\$
5F. Salary bonuses			\$
5G. Disposition of business assets			\$
5H.		From employment	Self employment
		\$	and/or \$
5I.	YYYY - MM - DD	and I expect my employment earnings to be:	\$ and \$
5J.	YYYY - MM - DD	and I expect my earnings from self-employment to be:	\$ and \$

SECTION F - INFORMATION ABOUT YOUR OTHER TYPES OF INCOME (if applicable)

6. Other income: (if you need more space please use a separate sheet of paper)				
INCOME SOURCE:		LUMP SUM:		TOTAL
1)	\$	+	\$	= \$
2)	\$	+	\$	= \$
3)	\$	+	\$	= \$
4)	\$	+	\$	= \$
COMBINED TOTAL				\$

IMPORTANT: If any of the information given above changes during the year, please call 1-800-277-9914. Failure to do so can result in an overpayment that you will have to repay.

SECTION G - APPLICANT'S DECLARATION

I wish to have benefits payable under the *Old Age Security Act* calculated, to the maximum allowable retroactive period (if applicable), according to my income after a retirement, cessation or reduction of pension income, if this is to my and my spouse's or common-law partner's advantage. I hereby declare that, to the best of my knowledge, the information given in this statement is true and complete. I realize that my personal information is governed by the *Privacy Act* and it can be disclosed where authorized under the *Old Age Security Act*.

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under 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.

APPLICANTS SIGNATURE	DATE	YYYY - MM - DD
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IMPORTANT:
DID THE APPLICANT SIGN WITH A MARK (e.g. X)?
If yes, a person (friend, member of the family, etc.) **must** witness the applicant's mark and complete Section H below.
WAS THE FORM COMPLETED AND SIGNED BY SOMEONE OTHER THAN THE APPLICANT?
If yes, that person **must** complete Section H below and submit **proof** that they are authorized to act on behalf of the applicant. Call us at 1-800-277-9914 to find out what documents are required.

SECTION H - INFORMATION ABOUT THE WITNESS OR PERSON AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT

Note: If you are acting on behalf of the above named and have not previously submitted either a Power of Attorney or an "Agreement to Administer Benefits" form to Service Canada, please attach either document along with this form. The *Agreement to Administer Benefits* form can be found at [servicecanada.gc.ca](https://www.servicecanada.gc.ca) using the A-Z service index under "forms".

7A. Are you completing this section as a:		I have read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.	
☐ Person authorized to act on behalf of the applicant?	OR	☐ Witness (if applicant signed with a mark)	
Signature:		Witness' Signature:	
7B. Your name		7C. Relationship to the applicant	
7D. Your address		7E. Telephone number	YYYY - MM - DD



Date:

Information Sheet

Statement of Estimated Income after Retirement or Reduction in Pension Income

Lump Sum Amounts

If you have declared a lump sum amount in sections C, D or F, please provide a note on a separate sheet of paper indicating the details as to why you received this amount. For instance, if it was a result of a retroactive adjustment to pension benefits, please indicate the dates covered by the retroactive payment. Also, please specify if you initiated a request that resulted in the lump sum (e.g. a RRIF withdrawal), or if the payment was as a result of another party making an adjustment (e.g. a retroactive adjustment from *Canada Pension Plan*).

Protection of Personal Information

The information requested is required under the *Old Age Security Act*. We may not be able to give you a benefit if you do not give us all the information we need. We will keep this information in the Personal Information Bank ESDC PPU 116. Your personal information is governed by the *Privacy Act* and we may disclose it where we are authorized to do so under the *OAS Act*.

Under the *OAS Act* and the *Privacy Act* you have the right to look at the personal information about you in your file. You can ask to see your file by contacting a Service Canada office. To find out how to get your personal information through the Access to Information Coordinator's office, see the Info Source, a directory that lists all the information banks and the information they contain. Copies of the Info Source are available in all Service Canada offices.

If you need any help to complete this form, please contact your nearest Service Canada office. Our toll free number is 1-800-277-9914. For people with speech or hearing impairments using a teletypewriter device (TTY), call 1-800-255-4786.

If you wish us to recalculate your entitlement based on an estimate, you must complete and return the enclosed form. We will recalculate your benefit and base your payments on either your actual income or your estimated income, whichever is to your advantage.

If you and your spouse or common-law partner are splitting your pension income for taxation purposes, when filling out this form, you must declare the full amount of your pension income prior to the split for the current year, for the purposes of calculating your GIS, ALW or ALWS. You may still split your eligible pension income when filing your taxes.

It is important that you accurately estimate your income. At the end of the year, we will recalculate your benefit based on the actual income you received and we will compare it to the estimate given. We will determine how much you should have received and pay you any difference owing, or collect any overpayment if you should have received less. **You should let us know immediately if there is any change in any of the types or amounts of income that are included on the estimate form.** This will help to ensure that you receive the correct benefit payments and avoid any later adjustments.

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under 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.