



Certificate of Incapability

Information about the Old Age Security and/or Canada Pension Plan beneficiary

Social Insurance Number

Mr. Mrs. Usual First Name and Initial	Last Name	
Ms Miss		
Address - No., Street, Apt., P.O. Box, R.R. and City		Province or Territory
		Country - If other than Canada
		Postal Code

Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment.

Does the person named above have:

1. Good general knowledge of what is happening to his/her money or investments?	Yes No	Comments
2. Sufficient understanding of the concept of time, in order to pay bills promptly?	Yes No	Comments
3. Sufficient memory to keep track of financial transactions and decisions?	Yes No	Comments
4. Ability to balance accounts and bills?	Yes No	Comments
5. Significant impairment of judgement due to altered intellectual function?	Yes No	Comments

In addition:

6A. How long have you known this person?	6B. Please state this person's age	
7. Do you consider this person capable of managing his/her own affairs? Yes No	If no, when is improvement expected? (Provide date)	
8. Diagnosis of impairment	Date impairment started(YYYY-MM-DD)	
9. Comments		

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.

Name and signature of licensed medical practitioner completing this form

First Name and Initial	Last Name	Signature	Date
Address - No., Street, Apt., P.O. Box, R.R. and City		Province or Territory	Telephone
		Country	Postal Code
			Profession

FOR OFFICE USE ONLY

Approval Yes No	Reason for disapproval	Reassessment Date	Signature	Date
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Service Canada Offices

Canada Pension Plan

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 AND QUEBEC

Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6
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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