

110 - 1801 Hamilton Street REGINA SK S4P 4W3 Phone: 306-787-3988 Fax: 306-787-8822

Email: pssp@plannera.ca

Spousal Benefit Information

Treating to the control of the contr					
SECTION A: MEMBER AND S	URVIVOR'S INFORMAT	TION (Please	print)		
Member's Social Insurance Number	Member's Last Name	ember's Last Name		First Name and Initial	
Date of Death (day/month/year)					
	1				
Spouse/Beneficiary's Last Name	Spouse/Beneficiary's	Spouse/Beneficiary's First Name		Spouse/Beneficiary's Social Insurance Number	
Mailing Address	City			Province Postal Code	
Birthdate (day/month/year)	Dhana Numhar(s)	E	nail Address		
Birtildate (day/montil/year)	Phone Number(s) Home	Home			
M 1 2 D 1 (Cl.71() 1	Business		11/ \\ D:		
Member's Dependent Child(ren) under age 18			Dependent Child(ren)'s Birthdates (day/month/year)		
SECTION B: ENHANCED BR	IDGE OPTION (option av	ailable before	your age 6	55 if not previously elected by member)	
☐ Elect ☐ Do not elect					
SECTION C: REQUIRED DOCUMENTATION					
		hanafit aan ha	facilized	and approved	
Please include the information selected below so your pension benefit can be finalized and approved. Certified proof of age for yourself Certified proof of age for any dependent children					
Certified copy of marriage certi	Common-Law Declaration				
☐ Statutory Declaration (if proof of			Law Dec	Turution .	
Death Certificate	or age or marriage is anavar				
☐ TD1 forms – federal and provin	icial				
Banking information – sample of		ot provide a	void cheq	ue, please have your financial	
institution complete the follow					
Financial Institution	Account Number				
Signature from Financial Institution			Date (day/month/year)		
SECTION D: REQUEST FOR	SURVIVOR'S PENSION				
				ible spouse and/or dependent child(ren)	
				elected by the superannuate at the time	
payment may be payable to the esta		n chha(ren) a	i ille time	of the superannuate's death, a lump-sum	
Signature of Spouse/Personal Representative	ve	Date (da	y/month/year	r)	