

SPOUSAL BENEFIT INFORMATION

Signature of Spouse/Personal Representative	Date(day/month/year)
ent child(ren) of the superannuate receive surviv	we are hereby requesting that the eligible spouse and/or depend- vor's pension, if any, in accordance with the option selected by the t. If there is no legal spouse or dependent child(ren) at the time of may be payable to the estate.
REQUEST FOR SURVIVOR'S PENSION	
Proof of age for yourself Copy of marriage certificate Statutory Declaration (if proof of age or marriage is Attach a void cheque or a bank confirmation f cheque.	Proof of age for any dependent children Common-law Declaration unavailable) Death Certifiate TD1 forms - provincial and federal orm downloaded from your financial Institution - sample of void
Please include the information selected below so	your pension benefit can be finalized and approved.
REQUIRED DOCUMENTATION	
Name Birthd	late (day/month/year)
Member's Dependant Child(ren) under age 18	
Email:	
Business Phone:	
Postal Code:	
City/Town:	
Home Phone:	
Province:	
Mailing Address:	
First Name & Initial:	
Last Name:	
SPOUSE/BENEFICIARY INFORMATION Social Insurance Number:	
Date of Death (day/month/year):	
First Name & Initial:	
Last Name:	
Social Insurance Number:	
MEMBER INFORMATION	