

**Request for**

<input type="checkbox"/> Spousal  Part 1	<input type="checkbox"/> Dependent Child or Disable Child  Part 2 (A-B-C-D)	<input type="checkbox"/> Minor Beneficiary  Part 2 (A-D)
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**Identification of Deceased Member**

Last name	First name	Employee Number	Social Insurance Number
<b>Birth Date:</b>		<b>Date of death:</b>	
<b>Member Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Retiree <input type="checkbox"/> Differed <b>Civil Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married			

**Part 1 – Spouse Information**

Name of spouse: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) SIN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Tel. Number \_\_\_\_\_

In order to finalize the retiree file and to apply for the survivor's benefit (if applicable), please provide:

- Original copy of death certificate issued by the Funeral Home
- A photocopy of the Will
- Photocopy of marriage certificate (Declaration of spouse)/ or a Sworn Declaration
- Photocopy of your birth certificate
- Blank cheque marked "void" for direct deposit information
- Photocopy of member birth certificate

Spousal definition per the Pension Plan Text, refer to article 2.37:  
Spouse means a person with whom the member is married or, notwithstanding the member's marital status, the person with whom the member has been cohabiting in a relationship resembling marriage for a period of at least one year at the time of retirement.

Spouse Signature (Part 1)	Date

By signing I hereby declare that, to the best of my knowledge, the information on this form is true and complete.

**Part 2 – Child and Legal guardian information**

**A- Information on dependent child**

Name of child: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) SIN \_\_\_\_\_

Address: \_\_\_\_\_

Name of child: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) SIN \_\_\_\_\_

Address: \_\_\_\_\_

Dependent and/or disable children per the Pension Plan text, refer to article 2.5:  
Child or Children refers to a Child of a deceased Member, whether natural or adopted, who is dependent on the Member at the time of retirement, and who sat the time of any benefit payment:

- a) Under the age of 19 and will not attain the age of 19 in the calendar year that the member's death occurs: or (complete section D)
- b) In full-time attendance at an educational institution and is under the age of 27; or (complete section B)
- c) Dependent on the Member by reason of mental or physical infirmity (complete sections C & D) **(please contact the pension Plan Administrator for further details and eligibility)**

**Part 2 (Continue) - Child and Legal guardian information**

<b>B- Student information</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Declaration of full-time attendance at an educational institute.</b>	
Name of educational institution _____	
Type of enrolment: <input type="checkbox"/> Full-time <input type="checkbox"/> Other    If other please explain: _____	
What are you taking? Indicate course, grade or faculty: _____	
Indicate the start and end date of your current attendance: Start _____ End _____	
<b>Student Signature</b>	<b>Date</b>

<b>C- Disable child</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide the following details on the nature of the child's disability if applicable (print clearly)
Date the total disability commenced _____
Diagnosis _____
Subjective symptoms _____
Prognosis _____

<b>D- Information on and signature of the legal guardian of the child or appointed trustee</b> (for disable child or minor beneficiary)	
Last name/First Name _____ SIN _____	
Address: _____	
Area code telephone (home) _____ Area code telephone (work) _____ ext. _____	
I Hereby declare that I am the legal guardian of the above mentioned child or children	
Signature _____	Relationship _____ Date _____
Please enclose: (Part 2)	
<ul style="list-style-type: none"> <li>• A copy of the dependent Child Birth Certificate</li> <li>• A recent medical confirmation of the Child health condition</li> <li>• A photocopy of the nomination of the appointed Trustee or Guardian</li> <li>• A blank cheque marked "void" for direct deposit information</li> <li>• A original copy of death certificate issued by the Funeral Home</li> <li>• A copy of the will</li> <li>• A photocopy of the member birth certificate</li> <li>• A proof of school attendance</li> </ul>	
<b>Signature (Part 2)</b>	<b>Date</b>
By signing I hereby declare that, to the best of my knowledge, the information on this form is true and complete.	