



# APPLICATION FOR SURVIVOR BENEFIT

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## PERSONAL DATA (APPLICANT)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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This is to certify that the late \_\_\_\_\_, was my spouse/partner, and at the time of death was entitled to receive \_\_\_\_ or receiving \_\_\_\_ a pension under the provisions of the **Newfoundland and Labrador TPP Plan Text**. I being the spouse/partner, am entitled to 60% of the pension and do hereby make application for same.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**Witness** (Where the applicant signs by means of a mark, the statement should be read to him/her by the witness and the witness should be satisfied that the applicant understands the purpose of the application.)

This is to certify that the above mark was made by the applicant in my presence,

this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Signature of Witness: \_\_\_\_\_

Occupation: \_\_\_\_\_