

SURVIVOR PENSION APPLICATION

Please complete this form and return it to the Teachers' Pension Plan Corporation (TPPC) along with photocopies of the following supporting documents:

- either your Birth Certificate or Passport
- your Marriage Certificate
- your Spouse's Death Certificate (if not already sent in)
- Direct Deposit Form and supporting documents.

Once completed, the documents must be returned by either email, fax, or mail. The addresses and telephone numbers of the TPPC can be found at the bottom of this page.

Section I – PERSONAL INFORMATION

APPLICANT'S LAST NAME		FIRST NAME		INITIALS	
SOCIAL INSURANCE NUMBER		HOME MAILING ADDRESS			
DATE OF BIRTH					
PHONE NUMBER		PERSONAL EMAIL ADDRESS			
Section II – AUTHORIZATION					
This is to certify that the late entitled to receive or was receivi Pension Plan Plan Text ("Plan Text").			spouse/partner, and at the t f the Newfoundland and Lak		
I being the spouse/partner, am entitled	to 60% of the pens	sion and do hereby ma	ke application for same.		
APPLICANT SIGNATURE			DATE SIGNED		
Section III – WITNESS		'			
Where the applicant signs by means of a satisfied that the applicant understands			im/her by the witness and th	e witness should be	
This is to certify that the above mark wa	s made by the appli	cant in my presence.			
WITNESS LAST NAME		FIRST NAME		INITIALS	
OCCUPATION	WITNESS SIGNATU	JRE	DATE SIGNED		

[•] Tel 709 793 8772 •1 833 345 8772 • www.tppcnl.ca