



APPLICATION FOR SURVIVOR BENEFIT (DEPENDENT CHILD)

Please complete this form and return it to the Teachers' Pension Plan Corporation (TPPC).

Once completed, the documents can be returned by mail. The address and telephone numbers of the TPPC can be found at the bottom of this page.

Section I – APPLICANT PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS	
DATE OF BIRTH		
PHONE NUMBER	PERSONAL EMAIL ADDRESS	

Section II – AUTHORIZATION

This is to certify that I am a child of the late _____, and understand that they were entitled to receive _____ or was receiving _____ a pension under the provisions of the **Newfoundland and Labrador Teachers' Pension Plan Plan Text ("Plan Text")**.

I, being the Child, do hereby make application for my portion of the survivor benefit.

APPLICANT SIGNATURE (if capable)	DATE SIGNED
LEGAL GUARDIAN'S SIGNATURE* (if applicable)	DATE SIGNED

*** Proof of Legal Guardianship required. See for "Proof of Legal Guardianship"**

Section III – OTHER CHILDREN

Please identify any siblings (birth child or adopted child of the plan member)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____