

APPLICATION FOR SURVIVOR BENEFIT (SPOUSE)

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 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 the late		, was my spouse/partner,			
and at the time of death was entitled to receive	or was receiving	g a pension under the			
provisions of the Newfoundland and Labrador Tea	chers' Pensior	n Plan Plan Text ("Plan Text").			
I being the spouse/partner, am entitled to 60% of the pension and do hereby make application for same.					
APPLICANT SIGNATURE	D	ATE SIGNED			

Section III – 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.

LAST NAME		FIRST NAME		MIDDLE INITIAL
OCCUPATION	WITNESS SIGNA	ATURE	DATE SIGNED	

130 Kelsey Drive, Suite 101, St. John's NL Canada A1B 0T2 Tel 709-793-8772 1-833-345-8772 www.tppcnl.ca