

## 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	FIRST NAME		MIDDLE INITIAL
SOCIAL INSURANCE NUMBER		HOME MAILING ADDRESS		
DATE OF BIRTH				
PHONE NUMBER	PERSO	DNAL EMAIL ADDRI	ESS	
Section II – AUTHORIZATION				
This is to certify that the late			, was my sp	ouse/partner,
and at the time of death was 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 spouse/partner, am entitled to 60% of the pension and do hereby make application for same.				
APPLICANT SIGNATURE		DAT	DATE 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 m	ark was made by the	applicant in my p	resence.	
LAST NAME	FIRST	NAME		MIDDLE INITIAL
OCCUPATION	WITNESS SIGNATURE		DATE SIGNED	