



APPLICATION FOR (CHILD) SURVIVOR PENSION

PERSONAL DATA (APPLICANT)

Surname: _____ Given Name: _____

Social Insurance Number: _____ Date of Birth: _____

Home Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

This is to certify that I am a child* of the late _____ and understanding
(Plan Member)

that he/she was entitled to receive or receiving a pension under the provisions of the Newfoundland and Labrador TPP Plan Text, I do hereby make application for my portion of the 60% survivor benefit.

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

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

Signed this _____ Day of _____, 20____

Applicant's Signature (if capable)

Legal Guardian's Signature (If Applicable)**

** Proof required. See form "Proof of Legal Guardian"