

# CHILD SURVIVOR PENSION APPLICATION

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

Once completed, the documents must be returned by either email, fax, or mail. The address 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 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. _____ |