

**STATEMENT OF CLAIMANT**  
Spousal Benefit

Name of Deceased: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death (attach proof): \_\_\_\_\_

Date Last Worked: \_\_\_\_\_

**SPOUSAL INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Date of Birth (attach proof): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

**METHOD OF PAYMENT:**

*Please tick*

\_\_\_\_\_ **TRANSFER TO A 'LOCKED-IN' RRSP ACCOUNT**  
(Royal Trust Transfer form to be completed)

\_\_\_\_\_ **IMMEDIATE PENSION FOR LIFE**  
(Please request forms from the Administrator)

\_\_\_\_\_ **DEFERRED PENSION FOR LIFE**  
(Remain in Pension Plan and retire/withdraw at a later date)

\_\_\_\_\_ **CASH PAY-OUT – If Applicable**  
(Funds are less than 4% of the Yearly Maximum Pensionable Earning)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Beneficiary

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**PLEASE RETURN THIS FORM WITH THE ORIGINAL DEATH CERTIFICATE (OR A NOTARIZED COPY)**