



# APPLICATION FOR SURVIVOR BENEFIT

PENSIONS ADMINISTRATION DIVISION

Department of Finance, P.O. Box 8700, St. John's, NL, Canada A1B 4J6  
Fax (709) 729-6790

## 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 the late \_\_\_\_\_, was my spouse/partner, and at the time of death was entitled to receive \_\_\_\_ or receiving \_\_\_\_ a pension under the provisions of the \_\_\_\_\_ **(Pensions) Act**. I being the spouse/partner, am entitled to 60% of the pension and do hereby make application for same.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Applicant's Signature

**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,

this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

Signature of Witness: \_\_\_\_\_

Occupation: \_\_\_\_\_

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.