



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: _____