

# D Request for Payment of Death Benefits

This form must be sent, with the requested supporting documents, to the following address:

RRTAP  
PO Box 2220 | Stn Don Mills | Toronto (Ontario) M3C 0M7

Please print in dark (black or dark blue) ink

A Identification of deceased member			
Family name of member		First name of member	
Social Insurance Number of member	Date of birth of member Day    Month    Year	Date of death Day    Month    Year	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Address on the date of death (number, street, apartment, P.O. box, R.R., etc.)			
City	Province	Postal code	

B Identification of applicant		
Family name of applicant		First name of applicant
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth of applicant Day    Month    Year	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Address (number, street, apartment, P.O. box, R.R., etc.)		
City	Province	Postal code
Telephone number Area code	E-mail (optional) @	

Please specify for whom you are requesting the payment of the death benefits payable following the death of the member identified in Section A ?

- For myself
- I am the member's spouse
  - I am the member's designated beneficiary of the death benefits
- Relationship to Member : \_\_\_\_\_
- For the member's legal successors \*
- I am the estate liquidator (as mandated in the member's will or, if there is no will, as appointed by the successors)
  - I am a professional mandated to settle the estate
  - Other (please specify): \_\_\_\_\_

\* In such a case, the benefit cheque will be made out to "ABC, liquidator of the estate of ...".

To your knowledge, are you the only person who could claim these death benefits?

- Yes
- No (please explain): \_\_\_\_\_

Was the deceased member receiving a pension from the Plan on the date of her death?

- Yes    No

**C Information regarding marital status of the member on the date of death****On the date of death entered in Section A:**

1. **Was the member married?** (If the member was **legally** separated or was not legally divorced on the date of death, he or she is still considered a married person).

Yes (Please answer question 1.1)

1.1 Was the member **legally** separated?

Yes (Please attach a copy of the judgment and go to Section E)

No (Please identify the spouse in Section D)

No (Please go to question 2)

2. **Had the member entered into a civil union with another person?**

Yes (Please identify the spouse in Section D)

No (Please go to question 3)

3. **Had the member lived with a common-law spouse for at least 3 years, or for at least one year if both were the parents of the same child?**

Yes (Please identify the spouse in Section D)

No (Please go to Section E)

**D Identification of spouse on date of death (if applicable)**

Family name of spouse

First name of spouse

Social Insurance Number of spouse

Date of birth of spouse

Gender

| | | | | | | | | |

Day

Month

Year

F

M

**Has this spouse waived the death benefits?**

Yes

No

Don't know

**E Other documents required**

- Proof of the date of birth of the deceased member.\*
- Proof of the date of birth of the spouse identified in Section D (if applicable).\*
- Any uncashed pension cheques, if the deceased member was receiving pension payments when he or she died.
- A copy of the act of death or the death certificate.
- If the benefits are to be paid to the successors (according to Section B of this form), please also provide the following documents:
  - a certified copy of the member's last will and testament or Letters of Probate;
  - if there is no will, a certified copy of the notarized declaration of heredity and any other document validating the liquidator's appointment by the successors;
  - a final certificate of search of the *Registre des dispositions testamentaires et des mandats du Québec* indicating whether or not there is a will.
- A copy of the legal separation judgment (if applicable).
- If changes occurred since the member's last declaration of civil status, additional documents may be required.

\* Photocopies of **drivers' licenses, health care insurance cards, passports** and **birth certificates delivered by the Registrar of civil status of Quebec** are accepted as proof.

**F Declaration of applicant**

I hereby certify that the above information is correct and request that Aon Hewitt calculate the death benefits payable and pay these benefits. I acknowledge that making a false or inaccurate statement may cause substantial damages to the pension fund and that this could lead to legal proceedings against me.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of applicant