

Survivor Benefits (Named Beneficiary or Estate)



Specify Pension Plan: _____

Section 1 - Information about the deceased contributor

Name

Social Insurance Number

Date of Birth (YYYY/MM/DD)

Date of Death (YYYY/MM/DD)

Section 2 - Information about you, the applicant

Name

Social Insurance Number

Date of Birth (YYYY/MM/DD)

Language Preference: English _____ French _____

Telephone (work)

Telephone (home)

Mailing Address:

Home Address: (if different from mailing address)

Applicant's Declaration

I, _____, hereby apply for a pension benefit under the provision of the above noted pension plan. I declare that, to the best of my knowledge, the information on this application is true and complete.

Applicant's Signature

Application Date (YYYY/MM/DD)

Please submit completed form to:

Vestcor
P.O. Box 6000
Fredricton, NB E3B 5H1

Email: info@vestcor.org
Fax: 506-457-7388

Telephone: 506-453-2296
Toll Free: 1-800-561-4012
Website: www.vestcor.org/pensions