

# DEATH BENEFITS (NAMED BENEFICIARY OR ESTATE)



Specify Pension Plan: \_\_\_\_\_

## Section 1 - Information about the deceased contributor

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_ Vestcor Reference Number: \_\_\_\_\_ OR Employee ID Number: \_\_\_\_\_

Last Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year Day Month Year

## Section 2 - Information about you, the applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Correspondence Requested In:  English  French  
Day Month Year

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

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

Home Address: (if different from mailing) \_\_\_\_\_

## Applicant's Declaration

**PRIVACY CONSENT:** *The personal information collected on this form will be used by Vestcor to: identify the deceased member and the applicant; determine language preference; process the survivor application; contact the applicant as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. The information will be disclosed to the Canada Revenue Agency as required by law. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at [info@vestcor.org](mailto:info@vestcor.org). In addition, please note that Vestcor's Privacy Statement is available at [www.vestcor.org/privacy](http://www.vestcor.org/privacy).*

**AUTHORIZATION:** *I certify that the information above is accurate.*

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: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Please return completed form as soon as possible to:  
Vestcor  
P.O. Box 6000, Fredericton, NB E3B 5H1  
Fax: 506-457-7388

For more information, please contact Vestcor at:  
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)  
Email: [info@vestcor.org](mailto:info@vestcor.org)  
Website: [vestcor.org](http://vestcor.org)

**IMPORTANT:** Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format