

## Beneficiary Application



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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3 - Attach the applicable documents/forms (copies are acceptable)

Estate Declaration Form (Completed by the Executor or Administrator of the estate & sworn before a commissioner of oaths)

Birth Certificate of the Deceased

Will or  Letters of Administration

Death Certificate or Funeral Director's Statement of Death

Additional forms/documents:

Direct Deposit Form ("Void" cheque must be in applicant's name)

### 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

Fredericton, NB E3B 5H1

Email: [info@vestcor.org](mailto:info@vestcor.org)

Fax: 506-457-7388

Telephone: 506-453-2296

Toll Free: 1-800-561-4012

Website: [www.vestcor.org/pensions](http://www.vestcor.org/pensions)