



## A. Information about deceased member (please print)

Deceased Member's Last Name

Given Name(s) and Initial(s)

Social Insurance Number

Date of Birth

Death Certificate Enclosed

Date of Death

## B. Information about designated beneficiary/Estate

Payment will be made to the individual(s) or Estate as designated by the member.

Beneficiary's Last Name / Contact

Given Name(s) & Initials

Street or P. O. Box Number

City, Town, Village or Hamlet

Postal Code

Phone: (Primary)

(Alternate)

Beneficiary's Social Insurance Number

Beneficiary's Date of Birth

Birth Certificate Enclosed

**Is there an executor of the deceased member's Estate, administrator of the Estate, or any other legal representative of the Estate? If yes, and the individual is different from the designated beneficiary please provide us with the name and mailing address.**

Name

Mailing Address

## C. Declaration of beneficiary

I hereby apply on behalf of the Estate of the deceased member for a Death Benefit under the provisions of the Saskatchewan Pension Plan. I declare that to the best of my knowledge and belief the information given in this application is true and complete.

Date

Signature of Applicant

## B. Information about designated beneficiary/Estate

Payment will be made to the individual(s) or Estate as designated by the member.

\_\_\_\_\_  
Beneficiary's Last Name / Contact

\_\_\_\_\_  
Given Name(s) & Initials

\_\_\_\_\_  
Street or P. O. Box Number

\_\_\_\_\_  
City, Town, Village or Hamlet

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone: (Primary)

\_\_\_\_\_  
(Alternate)

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Beneficiary's Social Insurance Number

D	D
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M	M
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Y	Y	Y	Y
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Beneficiary's Date of Birth

Birth Certificate Enclosed

## B. Information about designated beneficiary/Estate

Payment will be made to the individual(s) or Estate as designated by the member.

\_\_\_\_\_  
Beneficiary's Last Name / Contact

\_\_\_\_\_  
Given Name(s) & Initials

\_\_\_\_\_  
Street or P. O. Box Number

\_\_\_\_\_  
City, Town, Village or Hamlet

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone: (Primary)

\_\_\_\_\_  
(Alternate)

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Beneficiary's Social Insurance Number

D	D
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M	M
---	---

Y	Y	Y	Y
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Beneficiary's Date of Birth

Birth Certificate Enclosed

**CALL TOLL FREE 1.800.667.7153**

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