Survivor Pension Application – residual refund

Instructions

Use this form to notify the Plan of the death of a retired member or the last beneficiary of a retired member's death benefit, and to claim any residual remaining from the 60 month pension payment guarantee.

Please complete and sign the form.

In order to begin payment of the spousal survivor pension, we require the following documentation:

- A legible photocopy of the **Provincial Death Certificate** or **Funeral Director's Statement of Death**.
- A cheque marked "void". This is the account into which the pension will be paid.
- Proof of age for the child if the claimant is a child.

   Acceptable proof of age includes any government-issued identification (federal or provincial) that clearly shows the bearer's date of birth (e.g. passport, birth certificate, citizenship card, driver's license, etc.), **with the exception** of provincial health cards such as OHIP.

Mail the completed form, with required documentation attached to the CAAT Pension Plan at the address below. Please call the Plan if you have questions.

☐ **Residual Refund (Beneficiary/Estate)**

If there is no spouse or eligible children, any residual payment owing under the 60 months guarantee will be paid to the designated beneficiary or the estate.

☐ **Residual Refund (Child)**

The youngest child in receipt of a survivor pension is eligible, upon reaching age 18, for a lump sum payout of any residual payment owing under the 60 months guarantee.

Note: Date format is dd-mmm-yyyy for all date fields.

A Deceased Retired Member Identification (Complete for all cases)

Last Name

First Name

Initial

Social Insurance Number

Mailing Address

Date of Death (dd-mmm-yyyy)

Sex ☐ M ☐ F

B Residual Refund to Beneficiary/Estate

I, the undersigned, being the beneficiary or executor/administrator of the deceased retired member's estate hereby request the remainder (if any) of 60 months of the retired member's lifetime pension at the time of retirement, less any pension payments made to, or on behalf of, the retired member. I understand that no person is entitled to receive a pension in respect of the deceased. I authorize the Plan and its agents to collect, share and use personal information as may be needed for the purposes of calculating and paying pension benefits and activities related to the administration of the Plan. Personal information is collected, used and maintained by the Plan in accordance with its privacy policy available at www.caatpension.on.ca.

Name of Beneficiary/Estate for T4A Purposes

Mailing Address

Telephone

If payable to Beneficiary

Beneficiary's Social Insurance Number

Beneficiary's Date of Birth (dd-mmm-yyyy)

Signature(s) of Executor(s)/Administrator(s) or Beneficiary

Date (dd-mmm-yyyy)

C Residual Refund to Youngest Child (upon reaching 18 years of age)

I, the undersigned, whose date of birth is stated below, certify that to the best of my knowledge I am the youngest child of the deceased retired member under the CAAT Pension Plan, and that no person is entitled to receive a pension in respect of the deceased. I hereby request the remainder (if any) of 60 months of the retired member's (and/or the deceased spouse's, if applicable) lifetime pension at the time of retirement, less any pension payments made to, or on behalf of, the retired member.
I authorize the Plan and its agents to collect, share and use my personal information as may be needed for the purposes of calculating and paying pension benefits and activities related to the administration of the Plan. Personal information is collected, used and maintained by the Plan in accordance with its privacy policy available at www.caatpension.on.ca.

Last Name

First Name

Initial

Social Insurance Number

Mailing Address

Telephone

Child signature

Date