

Instructions

Complete and sign this form to notify the CAAT Pension Plan of the death of a retired member, and to start the children's pension.

In order to begin payment of the children's 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 each 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.), **except** a provincial health card such as OHIP.

Mail the completed form, with required documentation attached, to the CAAT Pension Plan at the address below. If you have any questions, please contact our office by email at member@caatpension.on.ca or by telephone at 416-673-9000 or toll free at 1-866-350-2228.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			
<input type="text"/>			
Date of Death	Sex		
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F		

B Children's Pension Information and Declaration - Complete on the behalf of child(ren)

Last Name of Child	First Name & Middle Initial	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name of Child	First Name & Middle Initial	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name of Child	First Name & Middle Initial	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	Telephone	
<input type="text"/>	<input type="text"/>	

The children's pension must be paid to the legal guardian of the child(ren).

I, the undersigned, certify that I am the Legal Guardian of the child(ren) named above, who is/are the dependant child(ren) (as defined below) of the deceased retired member for the purposes of the CAAT Pension Plan. On behalf of the child(ren), I hereby request payment of the deceased's pension entitlement.

Definition of Children: "Children" shall mean dependent children born within marriage, children born outside of marriage, adopted children and other children as may be included by law, who have not reached the age of 18 years, subject to the requirements of the Income Tax Act.

I authorize the CAAT Pension Plan and its agents to collect, share and use my personal information and the children's 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 of Legal Guardian	First Name	Initial	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal guardian signature

Date