

**Teachers' Superannuation Fund**  
**APPLICATION FOR SPOUSAL / DEPENDANT ALLOWANCE**

**A. Spousal Allowance**

The spouse of a deceased participant, former participant or pensioner is entitled to spousal benefits as provided under section 24 of the Teachers' Superannuation Act R.S.P.E.I. 1988, Cap. T-1.

Applicant's Information:

Full Name \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**Note:** A copy of the marriage certificate and proof of the applicant's age must be returned with this application.

Deceased's Information:

Full Name \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_  
Date of Death \_\_\_\_\_

**Note:** A copy of the death certificate or funeral director's statements must be returned with this application.

Declaration

I am the lawful widow/widower of the deceased. All information given herein is correct in substance and in fact to the best of my knowledge and belief. I hereby apply for an allowance as provided for in the Teachers' Superannuation Act R.S.P.E.I. 1988, Cap. T-1.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## B. Dependant Allowance

Where a deceased participant has a surviving spouse and dependant children, each dependant child (to a maximum of three) will receive an allowance equal to 10% of the member's pension at death. Where a deceased participant does not have a surviving spouse but does have dependant children, sixty percent of the deceased's pension will be shared equally among the dependant children.

A dependant child is defined as the child of the deceased who at the time of the deceased's death was dependent on the deceased for support and: (a) is under 16 years of age, (b) is under 25 years of age and is attending an educational institution on a full-time basis, or (c) is dependent on the participant for support at the time of the participant's death.

### Dependant Children of Deceased:

Full Name	Social Insurance No.	Date of Birth (mm-dd-yyyy)	SCHOOL	Grade / Year

**Note:** A copy of the each child's birth certificate must be returned with this application.

Once a dependant child has reached the age of 16, the child must on an annual basis verify to the Pensions & Benefits Office that he/she is remaining in full-time attendance at an educational institution.

### Guardian Of Dependant Children:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Declaration:

I am the lawful guardian of the children of the deceased. I hereby apply for a dependant's allowance for each of the children listed above. All information given herein is correct in substance and in fact to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

#### ***Freedom of Information and Protection of Privacy Act***

Personal information on this form is collected under Section 31(c) of the ***Freedom of Information and Protection of Privacy Act*** R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (eg., valuing pension benefits) some information may be released subject to the provisions of the ***Freedom of Information and Protection of Privacy Act***. If you have any questions about this collection of personal information, you may contact the Manager of Pensions & Benefits, P.O. Box 2000, Charlottetown, PEI C1A 7N8, Tel (902) 368-4004.

C A N A D A  
PROVINCE OF PRINCE EDWARD ISLAND

**IN THE MATTER** of an application for spousal benefits under section 24 or 25 of the *Teachers' Superannuation Act*, R.S.P.E.I. 1988, Cap. T-1.

**AFFIDAVIT/SOLEMN AFFIRMATION**

I, \_\_\_\_\_ of \_\_\_\_\_,  
Surviving Spouse City/Community  
\_\_\_\_\_ County, in the Province of Prince Edward Island,  
County

DO HEREBY MAKE OATH/SOLEMNLY AFFIRM AS FOLLOWS:

1. In this affidavit/solemn affirmation, "Spouse" has the same meaning as set forth in the *Teachers' Superannuation Act*.
2. I am the surviving Spouse of \_\_\_\_\_ within the meaning  
Deceased Member  
of the *Teachers' Superannuation Act*.
3. \_\_\_\_\_ and I were married and continued to be  
Deceased Member  
married on the date of his/her death.
4. I swear/affirm that \_\_\_\_\_ and I have never undergone a divorce or  
Deceased Member  
separation.
5. I swear/affirm this affidavit/solemn affirmation in support of my application for surviving Spouse benefits in accordance with section 24 or 25 of the *Teachers' Service Superannuation Act*, and for no other or improper purpose.

Sworn to/solemnly affirmed before me at Charlottetown, )  
Queens County, Province of Prince Edward Island, this )  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. )

\_\_\_\_\_  
A Commissioner for taking Oaths and  
Affidavits in the Province of Prince Edward Island

\_\_\_\_\_  
Surviving Spouse - Signature

\_\_\_\_\_  
Print Name

# TEACHERS' SUPERANNUATION FUND

## *Direct Deposit Form*

### **PART A – APPLICANT INFORMATION:**

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME & INITIAL: \_\_\_\_\_

I hereby authorize and request the Teachers' Superannuation Fund to credit my net pension payroll to my bank account as outlined on my void cheque or direct deposit form.

Signature \_\_\_\_\_ Date DD-MMM-YYYY

### **PART B – BANK INFORMATION:**

Please attach an unsigned cheque clearly marked “VOID” or have your bank provide a direct deposit form indicating your institution, branch and account number.

Please Return this Form to:

Pensions & Benefits  
P.O. Box 2000  
Charlottetown, PE C1A 7N8

**PLEASE print off the two (2) Income Tax Forms on the website (TD1 and TD1PE) and attach them to this spousal pension application.**