

Form 4

APPLICATION FOR DEATH BENEFIT
Subsection 26(3) of *The Teachers' Pensions Act*

I, _____, of _____
(name of declarant) (address in full)

DO SOLEMNLY DECLARE THAT:

1. I have personal knowledge of the facts and matters declared by me in this document.
2. _____ of _____
(name of deceased) (address of deceased)
died on _____, _____.
3. The deceased designated no other person as beneficiary of his or her interest in the Teachers' Retirement Allowances Fund.
4. I am the person designated by the deceased in his or her will or other document.
 the surviving [spouse/common-law partner] of the deceased.
 [the legal guardian or representative of] an eligible survivor (as defined in *The Teachers' Pensions Act*) of the deceased. (*State the names and ages of all eligible survivors*)

 the legal representative of the deceased.
5. The deceased
 did not leave a will
 did leave a will (A copy of the [Will / Probate / Letters of Administration] is enclosed).
6. I make this declaration for the purpose of enabling the Teachers' Retirement Allowances Fund to disburse the benefit payable under subsection 26(3) of *The Teachers' Pensions Act*.

I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared and subscribed before me at)
_____, _____)
this _____ day of _____, _____)
_____)
(signature) (Declarant)
_____)
(Notary Public, Commissioner for Oaths, etc.)

This Declaration must be made before a Notary Public, Justice of the Peace, or Commissioner authorized to administer an oath. Strike out words that do not apply.