SUPPLEMENTARY DEATH BENEFIT PLAN - BENEFICIARY INFORMATION

Privacy Notice

Provision of the personal information including the social insurance number (SIN) is required pursuant to the *Department of Public Works and Government Services Act*, para. 7(1)(*d*) and s.13 and will be used for the purpose of administrating supplementary death benefits, CRA/RQ reporting and administrating the *Canadian Forces Superannuation Act* (CFSA). Refusal to provide the personal information, or the provision of incorrect information may result in loss of benefits and/or delays in processing incorrect pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCU 702 – Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

This form must be completed electronically. If not possible, please complete it in dark ink using capital letters.

Plan Member's Personal Information

Rank

Surname

Given Names

Pension Number

Date of Birth (YYYYMMDD)

Preferred Language

☐ English ☐ French

Service Number

Home Address

Apartment Number

Preferred Telephone Number

City

Province

Postal Code

Country

Email address (optional)

FOR OFFICE USE ONLY ▶

Form Number 2223E

Case Number

FOR OFFICE USE ONLY		
Form Number	Service Number	Pension Number
2223E		

BENEFICIARY INFORMATION

Name of Beneficiary	Social Insurance Number	Date of Birth (yyyy-mmd-d)
Current Mailing Address	Telephone Number	Date of Designation (yyyy-mm-dd)

This is to certify that on the date of designation I was residing at the address below.

Address:

(City, Town or Village)

To the best of my knowledge, I am the person designated as the beneficiary of the late:

(Late Member's Name)

Signed at:

(City, Town or Village)

this (Day) Day of (Month) , (Year) .

(Signature of Beneficiary)

(Signature of Witness)