<DATE>

Plan: Public Employees Pension Plan

<BENEFICIARY>

<address line 1>

<address line 2 if required>

<address line 3 if required>

<city> <province> <postal code>

<country>

Dear <BENEFICIARY>

**<P1>**

The Public Employees Pension Plan (PEPP) has received notice of the death of <NM\_FULL>. Please accept our sincere condolences.

As a named beneficiary you are entitled to approximately <BEN\_AMT > which is <PORTION> of the account balance. This will be paid as a cash payment less withholding tax. The exact amount will be calculated on the date of payment.

Our records indicate <NM\_FIRST> had a marital status of <MARITAL>. If <NM\_FIRST> was legally married or living common-law at the time of death, the surviving spouse would be entitled to the remaining account balance. If this is the case, please contact our office.

The enclosed *Statement on death* provides up-to-date information about the pension account. Within 60 days please review the statement and provide us with:

1. a certified true copy of the official Death Certificate issued by Vital Statistics or the funeral director’s Statement of Death, or the original document; and
2. a completed *Declaration Upon Member’s Death* form (enclosed).

**</P1>**

**<P2>**

The money will be released once all documentation is received. In the meantime it will remain invested as it is currently.

**</P2>**

**<P3>**

The money will be released once all documentation from all listed beneficiaries is received. In the meantime it will remain invested as it is currently.

**</P3>**

**<P4>**

Please contact us if you have any questions

Sincerely

PEPP Administration

**</P4>**

**Statement on death of <MMB\_FN>**

**as of <DATE>**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth | <DOB> | Date of employment | | <EMP\_DATE> | |
| Date of death | <DT\_DATE> | PEPP enrolment date | | <MEM\_DATE> | |
| Relationship status | <MARITAL\_ST> | Vesting status | | Vested | |
| Spouse’s name | <SPOUSE\_NM> | | | | |
| Beneficiary(ies) |  | | | | |
| <BEN1> | | | <BEN\_REL1> | | <BEN\_PERC1> |
| <BEN2> | | | <BEN\_REL2> | | <BEN\_PERC2> |

Until you return the *Declaration upon member’s death* (enclosed) and all required documentation is received, the account will remain invested in the same fund as it is currently and will continue to be valued based on the market value.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PEPP account balance as of<VAL\_DATE >** | | | | |
|  | **Member** | **Employer** | **Voluntary** | **Total** |
| Opening balance at <STMNT\_DT> | <OP\_BAL\_EE> | <OP\_BAL\_ER> | <OP\_BAL\_VOL> | <OP\_BAL\_TOT> |
| Contributions/transfers in | <TR\_IN\_EE > | <TR\_IN\_ER > | <TR\_IN\_VOL > | <TR\_IN\_TOT > |
| Withdrawals/transfers out | <TR\_OUT\_EE > | <TR\_OUT\_ER > | <TR\_OUT\_VOL > | <TR\_OUT\_TOT > |
| Earnings | <ERN\_EE > | <ERN\_ER > | <ERN\_VOL > | <ERN\_TOT > |
| Closing balance at <VAL\_DATE> | <COL\_BAL\_EE> | <COL\_BAL\_ER> | <COL\_BAL\_VOL> | <COL\_BAL\_TOT> |
| Amount subject to locking-in requirements (SK) | <LK\_IN\_EE \_SK> | <LC\_IN\_ER\_SK > | <LC\_IN\_VOL\_SK > | <LK\_IN\_TOT\_SK > |
| Amount subject to locking-in requirements (<PR>) | <LK\_IN\_EE \_PR> | <LC\_IN\_ER\_PR > | <LC\_IN\_VOL\_PR > | <LK\_IN\_TOT\_PR > |

|  |  |  |  |
| --- | --- | --- | --- |
| **Investment summary as at <VAL\_DATE >** | | |  |
|  | **Balance (units)\*** | **Unit value\*** | **Total** |
| <FN\_NAME1> | <UNITS1> | <UNIT\_VL1 > | <FND\_VL1 > |
| <FN\_NAME2> | <UNITS2> | <UNIT\_VL2> | <FND\_VL2> |
| <FN\_NAME3> | <UNITS3> | <UNIT\_VL3> | <FND\_VL3> |
| Total |  |  | <TOT\_VL> |

**Declaration upon member’s death**

This declaration is to be completed upon the death of a member of the Public Employees Pension Plan by that member’s beneficiary. This form is designed based on Saskatchewan legislation.

This form must be witnessed by a Notary Public or Commissioner for Oaths in and for Saskatchewan. If you reside outside Saskatchewan or Canada, please contact PEPP to determine a suitable witness.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: DECEASED MEMBER’S INFORMATION (Please print)** | | | | | | | | | | |
| PEPP Member Number | | Last Name | | | | | First Name and Initial | | | |
| Social Insurance Number | | | | | | Date of Death (day/month/year) | | | | |
| **SECTION B: DECLARANT’S INFORMATION** | | | | | | | | | | |
| Last Name | | | | First Name and Initial | | | | | Birthdate (day/month/year) | |
| **Mailing Address** | | | **City** | | **Province** | | | **Postal Code** | | **Phone** |
| **Social Insurance Number of Declarant** | | | | | | | | | | |
| **SECTION C: DECLARATION** | | | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | **Name of Declarant** | | |  |  | | | **(City/Town/Village)** | | |
| In the province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  DO SOLEMNLY DECLARE that:  🞏 I am the legal spouse of the deceased member;  🞏 I am the common-law spouse of the deceased member and the deceased member was not legally married; I am the personal representative of the deceased member for the purpose of administering the estate and that, to the best of my knowledge and belief:   1. the deceased member made no designation of a beneficiary of the death benefit from the Public   Employees Pension Plan; and   1. the deceased member was not married and had no common-law spouse at the time of death or within 90 days prior to the time of death;   🞏 I am the person designated by the deceased member as beneficiary of the death benefit from the Public Employees Pension Plan and that, to the best of my knowledge and belief:   1. the deceased member made no other beneficiary designation subsequent to the one in which I was named; and 2. the deceased member was not married and had no common-law spouse at the time of death or within 90 days prior to the time of death. | | | | | | | | | | |

**Turn to reverse for signature box**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION D: DECALARATION on death of <NM\_FULL>** | | | | | | | | | | |
| **I make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Declarant  Declared before me at the city/town/village of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_. | | | | | | | | | | |
| Signature of Notary Public / Justice of the Peace / Commissioner for Oaths in and for Saskatchewan | | | | | Print Name | | | | | |
|  | | | | | Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Date Signed (day/month/year) | | | |  | **Stamp area** | | | | |  |
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