

NDT INDUSTRY PENSION TRUST FUND

101-4190 Lougheed Hwy., Burnaby, BC V5C 6A8
Telephone: (604) 299-7482 Facsimile: (604) 299-8136

STATEMENT OF CLAIMANT

Spousal Benefit

Name of Deceased: _____

Social Insurance Number: _____ Date of Birth: _____

Date of Death (attach proof): _____

Date Last Worked: _____

SPOUSAL INFORMATION

Name: _____ Phone Number: _____

Social Insurance Number: _____

Date of Birth (attach proof): _____

Address: _____

_____ Postal Code: _____

METHOD OF PAYMENT:

Please tick

_____ **TRANSFER TO A 'LOCKED-IN' RRSP ACCOUNT**
(Royal Trust Transfer form to be completed)

_____ **IMMEDIATE PENSION FOR LIFE**
(Please request forms from the Administrator)

_____ **DEFERRED PENSION FOR LIFE**
(Remain in Pension Plan and retire/withdraw at a later date)

_____ **CASH PAY-OUT – If Applicable**
(Funds are less than 4% of the Yearly Maximum Pensionable Earning)

Date

Signature of Spouse/Beneficiary

PLEASE RETURN THIS FORM WITH THE ORIGINAL DEATH CERTIFICATE (OR A NOTARIZED COPY)