



Please print clearly.

Please complete and return to TRAF.

**Personal Information
of Deceased Member:**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Former Last Name(s)	Social Insurance Number (SIN)	Pension Number (if available)

**Beneficiary
Information:**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Former Last Name(s)	Date of Birth (m/d/y)	Social Insurance Number (SIN)

Address, City, Province/State, Postal/Zip Code, Country		
_____	_____	
Home Phone	Cell Phone	

Email Address		

**Beneficiary
Confirmation:**

I hereby confirm that the above information is correct.

_____	_____
Beneficiary Signature	Date (m/d/y)

or,

_____	_____
Authorized Agent Signature	Date (m/d/y)

Check applicable box if authorized agent confirmation:

- Power of Attorney (Please forward Power of Attorney document if not already submitted.)
- Public Trustee (Please forward order of supervision if not already submitted.)