

You must use this form to file an application for survivor's benefits following the death of a person who was a member of a public-sector pension plan or who was receiving a retirement pension or survivor's benefits under such a plan. It is intended for persons who wish to exercise their rights as a surviving spouse or liquidator of the estate.

Note that the rights concerning the surviving spouse end following his or her death. However, certain amounts could be paid to the member's heirs.

In addition to this form, you must provide clear and legible copies of the required documents. If necessary, we may require the originals or certified copies.

For all documents written in a language other than French or English, you **must provide** the original document, as well as a certified translation by an accredited person.

The translator's signature or agency's stamp must appear on the document. The document can be translated by a translator association or government agency (embassy, consulate, ministry, etc.).

Please print.

**1. Information on the deceased**

|   |                                    |   |                |
|---|------------------------------------|---|----------------|
| Social Insurance Number <b>or</b> Identification number |                                    | You will find the identification number on the Statement of Participation of the deceased or on the document entitled Your Pension. |                |
|   |                                    | 1 7   |                |
| Sex   | Family name                        | Given name  |                |
| <input type="checkbox"/> F                              |                                    |   |                |
| <input type="checkbox"/> M                              | Family name at birth, if different | Date of birth   | Date of death  |
|   |                                    | year month day  | year month day |

If the deceased person was receiving a surviving spouse's pension and has never been a member of a public-sector pension plan, go to section 4.

**Information on the marital status of the deceased**

Was the deceased ever married or in a civil union?  Yes  No

Did the deceased have a de facto spouse at the time of death?  Yes  No

If you checked "yes" in the previous question, and that the deceased was never married or in a civil union with another person, check the marital status "Single" in the following question.

What was the marital status of the deceased at the time of death?

| Marital status  | Documents to be provided   |
|---|--|
| <input type="checkbox"/> <b>Married</b> (religious or civil ceremony) | The deceased's marriage certificate, copy of the act of marriage, or copy of the act of death <sup>1</sup>                 |
| <input type="checkbox"/> <b>Widowed</b>                               | The deceased's legal spouse's proof of death, or copy of the act of death  |
| <input type="checkbox"/> <b>Legally separated</b>                     | The deceased's judgment granting separation from bed and board and, if applicable, agreement on corollary relief           |
| <input type="checkbox"/> <b>Divorced</b>                              | The deceased's certificate of divorce, certificate of non-appeal of the judgment of divorce, or decree absolute of divorce |
| <input type="checkbox"/> <b>In a civil union</b>                      | The deceased's civil union certificate, copy of the act of civil union, or copy of the act of death <sup>1</sup>           |
| <input type="checkbox"/> <b>Dissolved civil union</b>                 | The deceased's judgment of dissolution or notarized joint declaration of dissolution of a civil union                      |
| <input type="checkbox"/> <b>Single</b>                                |  |

1. All documents issued in Québec after 1993 relating to marriages or civil unions must be those issued by the Registrar of Civil Status.

**Information on the marital status of the deceased (continued)**

If you checked **“Legally separated”**, was partition of family patrimony carried out?  Yes  No

**If so:**

Was the value of benefits accrued in the pension plan taken into account further to partition?  Yes  No

Did the spouses resume living together after partition?  Yes  No

Indicate the date on which they resumed living together, if applicable:  year  month  day

If you checked **“Widowed”** or **“Divorced”**, please provide the following information:

Name of spouse: \_\_\_\_\_

Date of death or divorce, as the case may be:  year  month  day

For a divorce, indicate the city where the divorce was rendered: \_\_\_\_\_

**2. Information on the surviving spouse of the deceased member**

|   |   |                                  |   |
|---|---|----------------------------------|---|
| Sex<br><input type="checkbox"/> F<br><input type="checkbox"/> M | Family Name   | Given name                       | Social Insurance Number   |
|   | Family name at birth, if different                  |                                  | Date of birth<br><small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small> <input type="text"/> |
| Address (number, street, apartment or Post Office Box)          |   |                                  |   |
| City  | Province  | Country                          | Postal Code<br><input type="text"/>   |
| Telephone   | Language of correspondence                          |                                  |   |
| Home <small>area code</small> <input type="text"/>              | Other <small>area code</small> <input type="text"/> | <input type="checkbox"/> French  |   |
| Work <small>area code</small> <input type="text"/>              | Extension <input type="text"/>                      | <input type="checkbox"/> English |   |

Indicate **your relationship** to the deceased **at the time of death**:

- Married
- In a civil union
- De facto spouse
- Legally separated

**2.1 Documents to be provided**

- Death certificate or a copy of the act of death
- A blank cheque in the name of the spouse (for direct deposit)

**If you checked “De facto spouse” or “In a civil union” in the previous question:**

- Declaration of the De Facto Spouse or Spouse in a Civil Union form (RSP-423A), available on our website.

### 3. Information on the mandatory of the surviving spouse (if applicable)

Complete this part in either of the following cases:

- The surviving spouse is capable and entrusted you with the mandate to complete the application in his or her place;
- The surviving spouse has a physical or mental disability that prevents him or her from completing the application and a judgment authorizes you to act in his or her place.

|  |  |            |   |
|--|--|------------|---|
| Sex  | Family name  | Given name |   |
| <input type="checkbox"/> F<br><input type="checkbox"/> M | Address (number, street, apartment or Post Office Box) |            |   |
| City   | Province   | Country    | Postal Code   |
| Telephone  | Language of correspondence                             |            |   |
| Home   | area code  | Other      | area code   |
| Work   | area code  | Extension  |   |
|  |  |            | <input type="checkbox"/> French<br><input type="checkbox"/> English |

#### 3.1 Documents to be provided

##### Representation of a person who is capable

- Mandate or power of attorney

##### Representation of a person who is incapable

- Protection mandate and proof of its homologation or judgment authorizing you to represent that person

### 4. Information on the liquidator of the estate

**You must complete this section, regardless of who is filing the application.**

Is the liquidator of the estate the spouse of the deceased?

Yes  No

**If so, and you have completed section 2, go to section 5.**

**If not, complete the following.**

|  |  |            |   |
|--|--|------------|---|
| Sex  | Family name  | Given name |   |
| <input type="checkbox"/> F<br><input type="checkbox"/> M | Address (number, street, apartment or Post Office Box) |            |   |
| City   | Province   | Country    | Postal Code   |
| Telephone  | Language of correspondence                             |            |   |
| Home   | area code  | Other      | area code   |
| Work   | area code  | Extension  |   |
|  |  |            | <input type="checkbox"/> French<br><input type="checkbox"/> English |

#### 4.1 Documents to be provided if the application is filed as liquidator of the estate

- Death certificate or a copy of the act of death
- A blank cheque from the bank account used for the estate (for direct deposit)

## Other documents to be provided if the application is filed by the liquidator of the estate

### If the deceased lived in Québec

- Will search certificate issued by the Chambre des notaires du Québec
- Will search certificate issued by the Barreau du Québec
- The deceased's will

If there is no will or no one is designated in the will as administrator of the estate, enclose the document in which the heirs designate a person to liquidate the estate.

### If the deceased lived in Canada, but outside Québec

- Will of the deceased **and** grant of probate confirming the appointment of the liquidator of the estate

If there is no will or no one is designated in the will as administrator of the estate, enclose the letter of administration that authorizes a person to administer the estate, the will search certificate issued by the Chambre des notaires du Québec and the will search certificate issued by the Barreau du Québec.

### If the deceased person lived outside Canada

- The deceased's will

If there is no will or no one is designated in the will as administrator of the estate, enclose the document in which the heirs designate a person to liquidate the estate.

Additional documents may be required. If applicable, we will contact you.

## 5. Documents to be provided if there are dependent children (does not apply to the RREGOP<sup>1</sup> or the PPMP<sup>2</sup>)

- Declaration of dependent children form (RSP-559A), available on our website.
- In the case of adult children, School Attendance form (RSP-248A), available on our website.

1. Government and Public Employees Retirement Plan

2. Pension Plan of Management Personnel

## 6. Capacity of the person filing the application

### Please specify in what capacity you are filing the application for survivor's benefits

- Surviving spouse
- Mandatary of the surviving spouse
- Liquidator of the estate (if there is no surviving spouse)

## 7. Declaration

**By sending this form, I declare that the information provided is complete and accurate.**

### Access to documents held by public bodies and the protection of personal information

The personal information collected in this form is necessary to study the application. Failure to provide the requested information in the mandatory sections may result in a delay or a refusal to process your application. Only our authorized employees will have access to it when necessary to carry out their duties and it is only disclosed to other persons or agencies for verification in cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it corrected.

### For more information:

#### Online

[www.retraitequebec.gouv.qc.ca](http://www.retraitequebec.gouv.qc.ca)

#### By telephone

Québec region: 418 643-4881 Toll-free: 1 800 463-5533

**Send us this form and the required documents online at [www.retraitequebec.gouv.qc.ca/send/en](http://www.retraitequebec.gouv.qc.ca/send/en).  
Your application will be processed faster and the postal delay will be eliminated.**

If you are unable to use the online service, please return the form and documents to:  
Retraite Québec, case postale 5500, succursale Terminus, Québec (Québec) G1K 0G9