

In order for us to begin paying you your orphan's pension under a public-sector pension plan, please complete and sign this form. Be sure to return the form by the date indicated in the last communication you received from us to avoid having to repay overpayments. Proof of school attendance will be required for each school term.

Please print

1. Information on the deceased member

Social Insurance Number	Name of the pension plan
Family name	Given name

2. Identification

Social Insurance Number	Date of birth year month day
Family name	Given name

3. Additional information

3.1 Give the relevant study term:

Winter term 1 January to 30 June

Fall term 1 July to 31 December

3.2 Are you attending an educational institution on a full-time basis during the term indicated above?

Yes No

If so, enter the name of the institution: _____

If not, enter the date on which you stopped attending an educational institution on a full-time basis?

year month day

3.3 Are you single? Yes No

If not, give the date of your marriage or civil union: year month day

4. Your signature or the signature of your tutor, if applicable

I agree to inform Retraite Québec as soon as possible, if I stop attending school, marry or enter into a civil union.

Signature _____ Date year month day

Telephone: area code _____ Extension: _____

5. Renseignements additionnels de l'établissement d'enseignement

La section 5 doit être remplie par la personne autorisée à représenter l'établissement.

Nous certifions que la personne identifiée ci-dessus fréquente à temps plein notre établissement d'enseignement pour la période du

année	mois	jour	année	mois	jour

 au

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Nom de l'établissement

Adresse (numéro, rue, appartement ou case postale)

Ville

Province

Pays

Code postal

Nom de famille de la personne autorisée

Prénom de la personne autorisée

Téléphone

ind. rég.

Poste

Sceau

Signature

Date

année mois jour

For more information

Online

www.retraitequebec.gouv.qc.ca

By telephone

Québec region: **418 643-4881**

Toll-free: **1 800 463-5533**

Please return this form:

By mail

Retraite Québec, case postale 5500, succursale Terminus, Québec (Québec) G1K 0G9

By fax

418 644-8659

By secure mail

www.retraitequebec.gouv.qc.ca/infosecteurpublic