



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. Please contact PEPP if you are or were working outside Saskatchewan as your pension may be subject to the legislation of another province.

This form must be witnessed by a Notary Public or Commissioner of 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:				
a) the deceased member made no designation of a beneficiary of the death benefit from the Public Employees Pension Plan; and				
b) 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:				
a) the deceased member made no other beneficiary designation subsequent to the one in which I was named; and				
b) 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.

SECTION C: DECLARATION

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 (electronic signature will not be accepted)

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

