110 - 1801 Hamilton Street
REGINA, SK S4P 4W3
Phone: 306-787-5442
Fax: 306-787-0244
Toll free: 1-877-275-7377
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Website: pepp.plannera.ca

Declaration Upon Member's Death

Reset Form

When the form is completed and signed by you, either send a copy digitally or return the original form to PEPP.

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 signatures accepted via forms submitted through the online member account or email)

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/Commisioner for Oaths in and for Saskatchewan

_____

Print Name

Phone Number _____

_____

Date Signed (day/month/year)

Stamp area