INFORMATION FORM

MEMBER INFORMATION	
NAME:	
EMPLOYEE NUMBER:	SIN:
MARITAL STATUS AT TIME OF DEATH:	DATE OF DEATH:

SPOUSE INFORMATION:	
HAS SPOUSE: ☐ YES ☐ NO	
SPOUSE NAME:	DATE OF BIRTH:
ADDRESS = (TO TPS DB) ☐ YES ☐ NO	
PHONE #:	SIN:

ELIGIBLE CHILDREN:	
ELIGIBLE CHILDREN: ☐ YES ☐ NO	
CHILD NAME (1):	DATE OF BIRTH:
AGE > 18: ☐ YES ☐ NO	FULL TIME STUDENT: ☐ YES ☐ NO
SIN:	SCHOOL:
CHILD NAME (2):	DATE OF BIRTH:
AGE > 18: ☐ YES ☐ NO	FULL TIME STUDENT: ☐ YES ☐ NO
SIN:	SCHOOL:
CHILD NAME (3):	DATE OF BIRTH:
AGE > 18: ☐ YES ☐ NO	FULL TIME STUDENT: ☐ YES ☐ NO
SIN:	SCHOOL:
CHILD NAME (4):	DATE OF BIRTH:
AGE > 18: ☐ YES ☐ NO	FULL TIME STUDENT: ☐ YES ☐ NO
SIN:	SCHOOL:

CALLER'S INFORMATION:	
CALLER'S NAME:	RELATION TO MEMBER:
PHONE #:	

EXECUTOR'S INFORMATION	**(We need to have a copy of Proof of Appointment as Executor of the Estate before we can provide any information.)**
EXECUTOR'S NAME:	PHONE #:
ADDRESS:	

BENEFICIARY INFORMATION:	
BENFICIARY NAME:	PHONE #:
ADDRESS:	