

Annex A

Checklist

RETIREE'S CHECKLIST	DATE ACTIONED
Basic Information (see page 12) Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Statement of Assets and Liabilities Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Will Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Power(s) of Attorney Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Pensions <input type="checkbox"/> PS <input type="checkbox"/> CF <input type="checkbox"/> RCMP <input type="checkbox"/> Judge Number(s): Notify: Survivor's Benefit: <input type="checkbox"/> yes <input type="checkbox"/> no SDB: <input type="checkbox"/> yes <input type="checkbox"/> no	
CPP/QPP – SIN # Notify: Survivor's Benefit: <input type="checkbox"/> yes <input type="checkbox"/> no SDB: <input type="checkbox"/> yes <input type="checkbox"/> no	
OAS – SIN # Notify:..... No. Survivor's Benefit..... No. SDB	
Other life insurance policies or pensions Identification No: Beneficiary: Notify:	

Note: Use the "Date Actioned" column to indicate when the proper office was advised of the death, whom you spoke to and any other information you may need.

Checklist

SPOUSE'S CHECKLIST	DATE ACTIONED
Basic Information (see page 12) Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Statement of Assets and Liabilities Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Will Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Power(s) of Attorney Completed: <input type="checkbox"/> yes <input type="checkbox"/> no Location:	
Pensions <input type="checkbox"/> PS <input type="checkbox"/> CF <input type="checkbox"/> RCMP <input type="checkbox"/> Judge Number(s): Notify: Survivor's Benefit: <input type="checkbox"/> yes <input type="checkbox"/> no SDB: <input type="checkbox"/> yes <input type="checkbox"/> no	
CPP/QPP – SIN # Notify: Survivor's Benefit: <input type="checkbox"/> yes <input type="checkbox"/> no SDB: <input type="checkbox"/> yes <input type="checkbox"/> no	
OAS – SIN # Notify:..... No. Survivor's Benefit..... No. SDB	
Other life insurance policies or pensions Identification No: Beneficiary: Notify:	

Note: Use the "Date Actioned" column to indicate when the proper office was advised of the death, whom you spoke to and any other information you may need.