



We are sorry for your loss. We understand this may be a difficult time, with many details to take care of.

By completing this form, CSSB can pay pension and insurance benefits (if they apply). It also helps prevent pension overpayments, which must be returned to CSSB. If you prefer, you can share this information by phone (204.946.3200) or email (askus@cssb.mb.ca).

**Section 1: Deceased member information**

---

Name			PIN
Address			
Province	City/town	Postal code	
Date of birth		Date of death	
	(YYYY/MM/DD)		(YYYY/MM/DD)

When you send us this form, please include a copy or picture of the **death certificate** or **funeral director’s statement**.

I’ve included a copy or picture of the document.

I don’t have a copy or picture of the document at this time.

**Section 2: Surviving spouse / common-law partner information**

---

If the member didn’t have a spouse or common-law partner, leave this section blank.

Name			
Address			
Date of birth		City/town	
	(YYYY/MM/DD)		
Province	Postal code	Phone	
Email			

**Section 3: Executor / administrator information**

---

The executor is also the spouse or common-law partner in Section 2. (If so, leave this section blank.)

Name

Relationship to the member

Address

City/town

Province

Postal code

Phone

Email

**Section 4: Your information**

---

If your information is the same as one of the sections above, leave this section blank.

My information is the same as the spouse/partner's in Section 2.

My information is the same as the executor/administrator's in Section 3.

Name

Relationship to the member

Address

City/town

Province

Postal code

Phone

Email

## **Section 5: More information**

---

Is there anything else you'd like us to know?

## **Section 6: Send to CSSB**

---

Secure upload: [app.paubox.com/cssb/upload](https://app.paubox.com/cssb/upload)

Email: [askus@cssb.mb.ca](mailto:askus@cssb.mb.ca)

Fax: **204.945.0237**