



Advisor code

# Claimant's statement

## Instructions

- Complete a separate form for each beneficiary and print clearly to avoid delays
- If more than one parent/tutor is claiming on behalf of a minor, complete a separate form for each parent/tutor
- Record of proof of death must be attached to this form
- If claiming **\$10,000 or more** on a non-registered policy (non-registered savings policy or plan, or non-registered payout annuity), complete these additional requirements:
  1. Provide required claimant identification information by completing **2.5**
  2. For an estate, trust, corporation, or other entity:
    - Include a completed *Questionnaire for beneficiaries or payees that are entities* (form **70-0681**)
    - If an estate, provide a copy of the last will of the deceased if it exists
  3. If claiming **\$100,000 or more** include a completed *Politically exposed person (PEP) determination* (form **17-8294**)

## 1. Deceased life insured details

Policy number(s)		Name of the deceased (first, middle, last)	
Date of birth (day/month/year)	Date of death (day/month/year)	Social insurance number	
Place of death			
Cause of death			

### 1.1 Answer the following questions for life insurance policies only

Date of first diagnosis, if cause of death is an illness (day/month/year)	Date of first symptoms/signs (day/month/year)
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**Did the deceased ever smoke or use tobacco products?**

No

Yes, answer the following questions:

**Indicate the amount used per day**

Cigarettes	Pipe	Other tobacco (name and amount)
Date started (day/month/year)		Date stopped (day/month/year)

## 2. Claimant details for making a claim

### 2.1 In what claimant capacity, or by what title, do you claim the insurance proceeds?

- Beneficiary, claiming for yourself (individual, corporation, unincorporated organization, charity)
- Parent/tutor, claiming for a minor
- Executor/administrator/liquidator/heir, claiming for an estate/succession
- Trustee, claiming for a trust as beneficiary
- Attorney/mandatary (under a power of attorney/mandate), claiming for a beneficiary
- Public guardian/public curator, or court-appointed tutor/guardian for property, claiming for a beneficiary
- Other claimant:

### 2.2 Beneficiary information, complete as applicable

Full name of individual, estate or other entity		
Date of birth (day/month/year)	Social insurance number <sup>1</sup>	Relationship to deceased at time of death
Apartment/suite number	Address (street number and name)	
City	Province/state	Postal code/zip code
If the address provided above is a PO Box, RR# or general delivery, provide physical location of residence below.		
Telephone number	Email address	Age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 2.3 If beneficiary is a corporation or other entity

Federal business number (BN) for tax purposes <sup>1</sup>	Québec enterprise number (NEQ) for tax purposes <sup>1</sup>
Do you, the claimant on behalf of the corporation or other entity, have signing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your name and position?

### 2.4 Complete if claiming **on behalf of** a beneficiary

If you have indicated in **2.1** that you are an executor/liquidator, you can only claim, in that capacity, for the benefit of the estate.

Full name of claimant as indicated in <b>2.1</b>		
Apartment/suite number	Address (street number and name)	
City	Province/state	Postal code/zip code
If the address provided above is a PO Box, RR# or general delivery, provide physical location of residence below.		
Telephone number	Email address	

<sup>1</sup> Subject to your consent, your SIN, BN or NEQ is used for tax-reporting only. By law, it must be provided where tax-reporting is required.

## 2. (continued)

### 2.5 Identification for claims of \$10,000 or more on a non-registered policy

If less, or a life insurance claim, skip to **section 3**

**For an estate, trust, corporation or other entity**, complete the *Questionnaire for beneficiaries or payees that are entities* (form **70-0681**). This does not need to be completed by an individual appointed as trustee for a beneficiary through a will or using one of our forms.

**If you, the claimant, are any of the following**, complete *Identification information* section below:

- Beneficiary
- Attorney/mandatory claiming for an incompetent beneficiary, provide your identification information
- Attorney/mandatory claiming for a competent beneficiary, provide identification information for the beneficiary

#### Identification information

Occupation	Date of birth, if not included in <b>2.2</b> (day/month/year)
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**If an advisor is not able to verify the individual's identity in person using authentic, valid and current government-issued photo ID**, don't complete the identification section below. Instead complete the *Non-photo owner identification* (form **46-10771**).

Choose <b>one</b> type of government-issued photo ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other (excluding health insurance cards):	
Document number	Jurisdiction of issue (province, country)
Issue date (day/month/year)	Expiry date (day/month/year)

## 3. Payment direction

### 3.1 If no payment direction is indicated, the default will be a cheque

- Cheque
- Electronic Fund Transfer (EFT) to Canadian bank account – attach a personalized void cheque or an electronic bank form
- Transfer to an existing investment – policy number<sup>2</sup>:   
owner, if not you:
- Transfer to a new investment – application number:
- Transfer to an existing Quadrus – plan number:   
owner, if not you:
- Transfer to a new Quadrus – plan number:
- Continuation of annuity payment and/or RRIF payments
- Transfer to TFSA Successor Holder
- Other instructions:

<sup>2</sup> Segregated fund policies with the lifetime income benefit option can no longer receive any premiums.

## 4. Authorizations/consents

In this section, references to *I, me and my* include, in addition to the claimant, the beneficiary, if the beneficiary is other than the claimant. In that case, the claimant authorizes and consents on the beneficiary's behalf.

- Further to and for the purpose of responding to, investigating, processing and documenting this claim, and in my capacity indicated above, I authorize and consent to The Canada Life Assurance Company's (Canada Life) having a confidential file that contains personal information concerning me, and the application to it of the standards and practices applied by Canada Life to its client files, including limiting rights of access to staff or persons authorized by Canada Life (e.g. service providers), whether located in Canada or elsewhere, who require access to perform their duties, and to me and persons authorized by me.
- I authorize and consent to the use of my name, address, and other personal information for reporting, identification and record keeping purposes. I authorize you to obtain a consumer or credit report for identification purposes, if I have not provided you with other ID considered by Canada Life to be sufficient. And as personal information may be collected, used, stored, or disclosed in or from Canada or elsewhere, I understand access may be had by persons authorized by the laws of Canada or elsewhere, all subject to applicable law. For details on information access and correction, or if you would like a copy of our Privacy Guidelines or have any questions about our personal information policies and practices, including with respect to service providers, write to our Chief Compliance Officer or refer to [canadalife.com](http://canadalife.com).
- If my indicated capacity is next of kin/executor, then in that capacity and further to the purpose and on the

understandings above I also authorize and consent to any physician, medical practitioner, hospital or other medically related facility, insurance company, MIB Inc., motor vehicle department, or other entity, institution or person that has information concerning the deceased life insured, **named:**

to give to Canada Life, reinsurers, and any person or entity acting on their behalf, any such information (including record copies), and to the recipients collecting such information.

- I am aware of the reasons the information covered by my authorizations and consents is needed, as well as the benefits of, and the risks of not, authorizing/consenting. These authorizations and consents will commence the date this form is signed and will end when no longer required. They may be revoked by written or electronic notification to Canada Life, subject to legal or contractual restrictions and considerations.
- A reproduction of my authorizations and consents herein will be as valid as the original.
- **Fraud notice:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include fines, denial of benefits, and civil damages and criminal conviction.
- Claims forms are provided to claimants without admission of liability or waiver of rights by the company.

Are you the executor?  Yes  No

## 5. Signatures

Signature of **claimant**

X

Date (day/month/year)

### Advisor – only complete if working with an advisor

To the best of my knowledge, I declare that the information provided is complete and accurate.

I attest that where this form required an individual's identity to be verified, I have:

- Witnessed the authentic, valid and current photo ID documentation, or
- Attached a completed *Non-photo owner identification* (form **46-10771**), as applicable

Date ID verified (day/month/year)

Signature of **advisor** (only required if ID was verified)

X

Name of advisor

Financial centre number

Advisor address

Return cheque for delivery?

Yes  No

## Return completed pages 1 through 4 with supporting documents to Canada Life:

Life Claims, T-006  
 Wealth Claims, T-424  
255 Dufferin Ave  
London ON N6A 4K1

Claims going to the Quebec office, send documents to one of the email addresses below.

Life Claims: [Quebec.DeathclaimsAdm@canadalife.com](mailto:Quebec.DeathclaimsAdm@canadalife.com)  
Wealth Claims: [DCLIRISMTL@canadalife.com](mailto:DCLIRISMTL@canadalife.com)

Claims, M-1120  
1350 René-Lévesque Blvd W  
Montréal QC H3G 1T4

## 6. Important guidelines for submitting your claim

If you have questions or require assistance with supplying proofs of claim, or death has occurred outside Canada and the United States, please contact your financial security advisor, Wealth Claims or Life Claims. There may be charges associated with securing proofs of death. These expenses are the responsibility of the claimant.

The Canada Life Assurance Company reserves the right to require further information (e.g., attending physician's statement, doctor's records, provincial health records, trust details) at its discretion.

### Claimant's statement

- To be completed by the named beneficiary(ies), estate representative, trustee, party claiming on behalf of a beneficiary(ies), or corporate signing authority.
- If the beneficiary is an estate or other entity, the person with signing authority prints estate or other entity name, signs their name, identifies their estate or other entity title and, for a corporate entity, affixes corporate seal.
- If the claimant is unable to write, two persons instead of one, must witness their mark.
- Verification of identity for claims of \$10,000 or more (see *Instructions*) is required by Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.
- Politically exposed person (PEP) determination for claims of \$100,000 or more (see *Instructions*) is required by Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

### Proof of Death (for insurance claims only)

If all the following statements apply to all policies:

- Death occurs more than five years after issue or last reinstatement
- The death is not a homicide
- Accidental death benefits are not being claimed

Then submit **one** of the following:

- Funeral director's statement
- Provincial death certificate (In Quebec, the Copy of an Act of death)
- Physician's statement
- Certificate of death issued by the state (when death occurs in the United States)

If any of the following statements apply to any policy:

- Death occurs within five years of issue or last reinstatement
- The death is a homicide
- Accidental death benefits are being claimed

Then submit:

- Physician's statement, completed by the doctor last in attendance
- In Quebec, also submit a funeral director's statement or the Copy of an Act of death

### Foreign deaths

Contact head office or the Quebec administrative centre to confirm claim requirements.

### Violent Deaths

If death was not due to natural causes submit:

- Any available newspaper clippings describing circumstances
- Name, phone number and detachment of investigating police officer

### Proof of Death (for wealth claims only)

Submit **one** of the following:

- Funeral director's statement
- Provincial death certificate
- In Quebec, the Copy of an Act of death
- Certificate of death issued by the state (when death occurs in the United States)

### Estate beneficiary

If claim amounts are up to and including \$100,000:

- Submit this form and record of proof of death.

For non-registered policies where the claim amount is \$10,000 or more, and for all other policies where the claim amounts exceed \$100,000:

- Submit this form and record of proof of death along with a copy of the last will of the deceased if it exists, or if no will, the administrator's or liquidator's appointment.

## Estate beneficiary (continued)

### If the deceased did not leave a will, submit:

- This form completed by the administrator
- Notarial copy of the letters of administration

### In Quebec, submit:

- This form completed by heirs of the deceased
- Declaration of heirship outlining the legal heirs, completed in presence of a Notary (a lawyer can complete a declaration of heirship if the declaration does not have to be registered with the *Register of personal and movable real rights*)
- In all cases include a will search certificate from the Chambre des Notaires and the Barreau du Québec

### If the deceased left a will, submit:

- This form completed by one of the executors
- Notarized copy of the last will and probate

### In Quebec, submit:

- This form completed by one of the liquidators
- If the will was prepared by a notary, submit a notarial copy of the will; for other wills, (i.e., “holograph” and “witnessed”), probate is required
- In all cases include a will search certificate from the Chambre des Notaires and the Barreau du Québec

## Other situations

Other insurance products may require additional Anti-Money Laundering requirements as directed by Canada Life.

For deceased beneficiary, submit:

- Proof of death

For minor beneficiary, submit:

- On behalf of the minor beneficiary, this form completed by the trustee or legally appointed guardian of the property of the minor or, in Quebec, legal tutor(s) on behalf of the minor (if no valid trustee is appointed)
- Birth certificate of the minor beneficiary (where required to confirm birth date)
- Notarized/notarial copy of the court order appointing a guardian for property or tutor; notarized/notarial copy of trust, where applicable
- In Quebec, this form completed by legal tutor(s) of the minor (submit a copy of the birth certificate issued by the Registrar of Civil Status)



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17-8242 – 9/22 (M)

Attorney/mandatory (under a power of attorney/mandate), submit:

- This form completed by the power of attorney on behalf of the beneficiary
- Notarized copy of the power of attorney/mandate document in support of the appointment and written confirmation that the power of attorney/mandate has not been changed or revoked (supporting evidence may be required)
- If beneficiary is incompetent, the mandate (Quebec) must be homologated by a court or by a notary

## Policy assignment

If a policy is assigned, and Release of Assignment has not been received, the proceeds will be paid as follows:

- For outside Quebec: by cheque made payable to the assignee (creditor) and, for any balance remaining, by cheque made payable to the beneficiary(ies)
- For Quebec: by cheque made payable to the hypothecary creditor and, for any balance remaining, by cheque made payable to the beneficiary(ies)

## Proof of identity

### Individuals

- Photo identification, in person verification by government issued photo identification document to be authentic, valid and current
- Dual process, information from two separate, current, and reliable sources to confirm a combination of name and address, name and date of birth, or name and financial account (example, utility bill, bank statement, income tax assessment, copy of photo ID), complete a *Non-photo owner identification* (form **46-10771**)

### Estate or other entity

Estate, documents that can be used to confirm existence:

- Estate document (example, last will of the deceased, or if no will, the administrator's or liquidator's appointment) along with a record of proof of death.

Other entity, documents that can be used to confirm existence:

- Corporate profile report
- Certificate of incorporation
- Certificate of corporate status
- Record that has to be filed annually under provincial securities legislation
- Published annual report signed by an audit firm
- Letter or notice of assessment from a municipal, provincial, territorial or federal government
- Partnership agreement
- Articles of association
- Any other similar record that verifies the identity of the entity