



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) |
|--|--|

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 ¹ | 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 ¹ | Québec enterprise number (NEQ) for tax purposes ¹ |
| 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 2.1 | | |
| 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 | |

¹ 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 2.2 (day/month/year) |
|------------|---|

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 one 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 number²:
owner, if not you:

☐ Where my death benefit is being applied to a segregated fund policy which only has the deferred sales charge (DSC) option available, I acknowledge receipt from my advisor of the *DSC contribution disclosure* (99-818836).

☐ Transfer to a new investment – application number:

☐ Transfer to an existing Quadrus plan – plan number:
owner, if not you:

☐ Transfer to a new Quadrus plan – plan number:

☐ Continuation of annuity payment and/or RRIF payments

☐ Transfer to TFSA Successor Holder

☐ Other instructions:

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

4. Privacy

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, claims assessors, medical laboratories, MIB, LLC., and independent medical examiners. As well, we may share your information with technology suppliers, other financial institutions, other insurance or reinsurance companies, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account at canadalife.com/sign-in or by submitting a request through our privacy centre at canadalife.com/contact-us/corporate/privacy-rights-request. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

5. 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.

- 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.
- 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

6. Signatures

I understand that my personal information will be collected, used and shared as set out above.

| | |
|--|-----------------------|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Return completed pages 1 through 5 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
Wealth Claims: DCLIRISMTL@canadalife.com

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

7. 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.

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

7. (continued)

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)

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



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