



Advisor code

Claimant's statement

Instructions

- Complete a separate form for each beneficiary
- Proof of death must be attached to this form
- Print clearly to avoid delays

1 Deceased life insured details

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

Full name of Individual or Organization			Social insurance number ¹
Apartment/suite number	Address (street number and name)	City	
Province/state	Postal code/zip code	Telephone number	Relationship to deceased at time of death
Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth (day/month/year)	In what capacity, or by what title, do you claim the insurance proceeds? <input type="checkbox"/> Named beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____	

2.1 If claimant is an organization

Federal business number (BN) (for tax purposes) ¹	Québec enterprise number (NEQ) (for tax purposes) ¹	Do you have signing authority for the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this claim is for an organization, what is your name & position?		

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.

3

Payment direction

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

- Cheque
- EFT (Electronic Fund Transfer to Canadian bank account – attach a personalized void cheque or an electronic bank form)
- Wire transfer (for international bank account - attach complete banking information)
- Transfer to my existing investment. Policy number²: _____
- Transfer to a new investment. Application number: _____
- Transfer to my new or existing Quadrus plan number: _____
- Continuation of annuity payment and/or RRIF payments
- Transfer to TFSA Successor Holder
- Other instructions: _____

² Segregated fund policies where the lifetime income benefit option was added before Oct. 19, 2012 can no longer accept any additional premiums.

4

Authorizations/consents

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. 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 www.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 organization, institution or person that has

information concerning **the deceased life insured, named:**

to give to Canada Life, reinsurers, and any person or organization 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 document 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.

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 use only

Name of advisor	Financial centre number	Return cheque for delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
Advisor address		

Return completed pages 1 and 2 with supporting documents to:

Life Claims <input type="checkbox"/> London, T-006 <input type="checkbox"/> Montreal, M-1120	Wealth Claims <input type="checkbox"/> London, T-424 <input type="checkbox"/> Montreal, M-1120	The Canada Life Assurance Company Head office 255 Dufferin Avenue London, ON N6A 4K1	Quebec administrative centre 1350 René-Lévesque Boulevard W. Montreal, QC H3G 1T4
---	---	--	---

If you have questions or require assistance with supplying proofs of claim, or death has occurred outside Canada or 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) at its discretion.

Claimant's statement

- Completed by the named beneficiary(ies) or estate representative or if an organization, by the signing authority
- If the beneficiary is an organization, the person with signing authority prints organization name, signs their name, identifies their organizational title and affixes corporate seal
- If the claimant is unable to write, two persons instead of one, must witness their mark

Proof of Death (for insurance claims only)

If 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 the following statements apply to any one or more policies

- Death occurs within five years of issue or last reinstatement
- The death is a homicide, or
- 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 proof of death.

If claim amounts exceed \$100,000

Submit this form and proof of death along with estate documents (e.g., last will of the deceased, 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 the liquidator
- 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

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 of 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)

Power of attorney for beneficiary, submit

- This form completed by the power of attorney on behalf of the beneficiary
- Notarized copy of the power of attorney document in support of the appointment and written confirmation that the power of attorney has not been changed or revoked. Supporting evidence may be required.
- In Quebec, the mandate is required
- If beneficiary is incompetent, the mandate must be approved by the Court or recorded 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)

In Quebec, advisor refers to a financial security advisor for individual insurance and segregated fund policies; and to an advisor in group insurance/annuity plans for group products.



Visit canadalife.com     @CanadaLifeCo