



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, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, 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](#) or by submitting a request through our [privacy centre](#) at canadalife.com/privacy. 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.

Instructions are on the next page.

Deceased information				
Deceased's first name		Last name		<input type="checkbox"/> Plan member <input type="checkbox"/> Dependant
Date of birth (mm/dd/yyyy)	Date of loss (mm/dd/yyyy)	Cause of death		
Address				
City		Province		Postal code
Plan name		Group life policy number		Plan member ID number

Claimant information					
Claimant's first name		Last name		Relationship to deceased	
Address					
City		Province		Postal code	
Phone number			Claimant's date of birth (mm/dd/yyyy)		
Claimant's basis of claim (check one)					
<input type="checkbox"/> Named beneficiary <input type="checkbox"/> Beneficiary's guardian/legal tutor or curator <input type="checkbox"/> Estate's legal representative <input type="checkbox"/> Trustee <input type="checkbox"/> Other, please specify _____					
The life insurance proceeds are non-taxable. Please advise how you wish to receive these proceeds:					
<input type="checkbox"/> Cheque <input type="checkbox"/> EFT (Electronic Fund Transfer to Canadian bank account - please attached a personalized void cheque or an electronic bank form) <input type="checkbox"/> Please arrange for a financial advisor to visit and discuss my options. The best time to call me is _____					

Authorizations and declarations

I have read and understand and agree with the contents of the section entitled "Group life privacy disclosure" on this form.

I authorize Canada Life, any healthcare provider, the plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life or working with the deceased's plan administrator, within or outside Canada, to exchange personal information, when necessary to investigate and assess my claim, to administer the group benefits plan and to audit the assessment of the claim. I further authorize the use of my social insurance number for income tax reporting. I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

I have provided the information on this form in order to obtain payment of Group Life proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the Group Life Policy. I certify that by making payment to me, Canada Life has met its obligation to me. By signing below, I confirm that: I have read, understand and agree with the contents of this form and authorize Canada Life to collect, use, and disclose my personal information, all statements I have made about my claim are true and complete, my authorization is valid until I cancel it in writing, and a photocopy or electronic copy of this authorization is as valid as the original.

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

Claimant's name (please print)	
Claimant Signature	Date (mm/dd/yyyy)
Witness Signature	Date (mm/dd/yyyy)

Instructions

Who should complete the Group life claimant statement

Proceeds payable to:		
Adult beneficiary	1 or 2	1. Beneficiary
Beneficiary who is a minor or who lacks legal capacity, located in Quebec	2, 3 or 4	2. Trustee (copies of trust documents required)
Beneficiary who is a minor or who lacks legal capacity, located outside Quebec	2 or 4	3. Legal tutor or curator (copies of judgment required)
Claimant unable to handle financial affairs	5	4. Court appointed guardian of the beneficiary's property (copies of court order required)
Estate	6	5. Claimant's legal representative (copies of judgment required)
Estate in Quebec with no will	7	6. Estate's legal representative
		7. Legal heirs

Documents Required for the Group Life Claimant Statement (copies are acceptable unless indicated)

Basic and Supplemental Life	1 or 2	1. Death certificate or funeral director's statement of death
Basic and Supplemental Life exceeding \$100,000 in Quebec	9	2. Attending Physician's Certificate (M63)
Basic and Supplemental Life outside of North America	14	3. Police report or workplace accident report
Optional Life	2	4. Medical Examiner's Report, Coroner's Report or Autopsy Report
Accidental Death	1 or 2 and 3, 4	5. Marriage certificate or sworn affidavit to confirm common law status
Survivor Income Benefit	1 or 2 and 5, 6, 7	6. Birth certificate for all eligible survivors
Paid Up	1 or 2 and 8	7. Canada/Quebec Pension Plan statement of survivor benefits, if applicable
Insurance proceeds payable to the estate exceeding \$100,000 in Quebec	9, 10 and 11 or 12	8. Original certificate of insurance, if available
Insurance proceeds payable to the estate exceeding \$100,000 outside Quebec	1 or 2 and 13	9. Act of Death (long form) issued by the Quebec Registrar of Civil Status
		10. Will search certificate from the Chambre des Notaires and The Barreau du Quebec
		11. Notarial will or holograph will with judgment/minutes
		12. Declaration of legal heirs if there is no will
		13. Notarized will and probate or certificate of appointment of Estate Trustee or Letter of administration
		• Notarized copy of the Probated Will for claims payable to the estate where insurance amounts exceed \$100,000
		• Grant Administration for claims payable to the estate where insured died, without having made a will (intestate) regardless of the insurance amount
		14. Original death certificate or certified true copy of the death certificate by a notary public

Submit the fully completed forms and supporting documents to:

The Canada Life Assurance Company
 Group Life Benefits
 60 Osborne St N
 Winnipeg, MB R3C 1V3

Email: grouplifebenefits@canadalife.com
 or Fax: 204-946-8783

Email Communication – Important Note: The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.