

CLAIMANT'S STATEMENT

Send the ORIGINAL completed form and any supporting documentation to:

Empire Life
259 King Street East
Kingston ON K7L 3A8

Policy/contract number(s)

Throughout this form, "Empire Life" means The Empire Life Insurance Company. If a claimant is making a death benefit claim under two or more policies, we require only one claimant's statement with all policy numbers indicated.

1. Details about the Deceased Life Insured

First name of deceased				Last name			
Date of birth		Social Insurance Number (SIN)		Province of residence		Date of death	
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2. Claimant Information

If the claimant is a company, please provide information for the company and complete a corporate supplement (C-0044).

First name				Last name			
Date of birth		Address (number and street)					
d d - m m m - y y y y				Province/state/country		Postal/zip code	
City		Relationship to the deceased		SIN or BIN (business identification number)		Telephone number	
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If you reside outside of Canada, complete the following:

Where do you reside for tax purposes? (check all that apply)

Canada U.S. (resident or citizen) – Tax Identification Number (TIN) _____

If you do not have a TIN from the U.S. have you applied for one? yes no

Other – specify country _____ TIN _____

If you do not have a TIN, specify the reason:

I will apply or have applied for a TIN but have not yet received it.

My jurisdiction of tax residence does not issue TINs to its residents.

Other – specify reason: _____

Note: you must provide a photocopy of a government issued document to verify your residency status.

I am claiming the proceeds as:

the named beneficiary the Executor on behalf of the estate the trustee on behalf of a minor beneficiary the assignee

If you are not the Executor, please provide the name and contact information for the Executor (if known).

First name of Executor		Last name		Telephone number	
				- -	
Address (number and street)		City		Province	Postal code

How do you wish the proceeds to be paid? (Not applicable if policy/contract owner has chosen the Annuity Settlement Option.)

By cheque

Transfer to a new or existing Empire Life policy (complete and attach the applicable application or deposit form)

Policy/contract/application | | | | | | | | | |

Transfer RRSP proceeds to the following institution:

Name of receiving institution				RRSP policy/contract #			
Address (number and street)		City		Province	Postal code		

These funds are intended as a transfer of death claim benefits as permitted under the applicable provision of the *Income Tax Act* (Canada). This transfer will discharge Empire Life from all liability with respect to the above noted policy/contract(s).

Important information for completing the Claimant's Statement

IF THE PROCEEDS ARE PAYABLE TO NAMED BENEFICIARY(IES):

- **If any named beneficiary is a minor**, this statement should be completed on behalf of the minor beneficiary by the trustee named in the policy or legally appointed guardian or tutor if no trustee is named. A notarial copy of the guardian or tutor appointment must be submitted. In Quebec, payments will be made to the parents as legal tutors unless the owner created a valid trust.
- If attorney under a Power of Attorney is signing on behalf of a named beneficiary, a notarized copy of the Power of Attorney must be submitted to Empire Life.
- **If any of the named beneficiaries is deceased**, we require proof of death for the deceased beneficiary.
- **If the named beneficiary is a company or other entity** and the deceased was the sole signing officer of the company/entity, we require a copy of the company/entity resolution document showing the current signing authority(ies). We also require a notarized copy of the last will and testament. In Quebec, we require a notarized copy of the last will and testament and notarized copies of the will search certificates from the Barreau du Quebec and the Chambre des Notaires.

WHY WE REQUIRE THE CLAIMANT'S SOCIAL INSURANCE NUMBER / BUSINESS IDENTIFICATION NUMBER:

This information is required for the reporting of any taxable income paid to the claimant.

- If the claimant has never been assigned a number, please advise us.
- If the beneficiary is the estate of the deceased, the deceased's social insurance number (SIN) should be filled in.
- If the claimant refuses to provide their SIN, they must do so in writing.
- If the claimant is not a resident of Canada, the tax identification number for their country of residence (ie: USA resident – social security number) should be provided. We also require a photocopy of government issued document to verify residency status.

IF THE PROCEEDS ARE PAYABLE TO THE ESTATE OF THE DECEASED:

- **If the deceased left a will** – the Claimant's Statement is to be completed by the Executor(s) and submitted with the following:
 - For estates outside Quebec, if the proceeds are \$100,000 or more, a notarial copy of the will together with an affidavit (Empire Life will provide the affidavit).
 - For estates in Quebec, if the proceeds are \$100,000 or more, a notarized copy of the will and will searches OR a notarized copy of a holograph will or a will made in the presence of witnesses and probate judgement.
- **If the deceased did not leave a will - the Claimant's Statement must be completed by the court appointed administrator or in Quebec, the heir(s) and submitted with the following:**
 - For estates outside Quebec, a notarized copy of the Letters of Administration or Certificate of Appointment of Estate Trustee without a will.
 - For estates in Quebec, notarized copies of will searches and a notarized Declaration of Heirship.

IF THE POLICY IS ASSIGNED AND A RELEASE OF ASSIGNMENT HAS NOT BEEN SUBMITTED:

The Claimant's Statement must be completed by the assignee and the beneficiary or estate. Proceeds will be paid by cheque to the joint order of the assignee and the beneficiary or estate.

Note: Empire Life may request additional documents other than those noted above, should it be deemed necessary.