

CLAIMANT STATEMENT FOR INVESTMENT AND LIFE INSURANCE CLAIMS

The Claimant is the person completing this form. Use this form to make a claim for:

- investment contracts;
- all life insurance claims over \$50,000; or
- all life insurance policies that are less than 10 years old

Important Information for Completing the Claimant 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 the beneficiary's 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 beneficiary's parents as legal tutors unless the owner created a valid trust.
- If an 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 form C-0044 completed and a copy of the company/entity resolution document showing the current signing authority(ies).

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

- If the beneficiary is the estate of the deceased, the claimant's social insurance number (SIN) is not required.
- **If the deceased left a will** – the Claimant Statement is to be completed by the Executor(s) and submitted with the following:
 - For estates outside Quebec, if the proceeds are \$75,000 or more, a notarial copy of the probated will. If the will is not probated, then a notarial copy of the will together with an affidavit (Empire Life will provide the affidavit).
 - For estates in Quebec, if the proceeds are \$75,000 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 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.

FOR INVESTMENT CONTRACTS ONLY:

- If proceeds are payable to an individual, the claimant must provide their Social Insurance Number (SIN).
- If the claimant has never been assigned a SIN, please advise us.
- 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 (e.g.: USA resident – social security number) should be provided.
- **This information is required for the reporting of any taxable income paid to the claimant and will not be used for any other purposes.**

IF THE POLICY IS ASSIGNED :

- If policy is assigned, a release of assignment must be submitted by the assignee.
- **If a release has not been submitted**, a Claimant 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.



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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/contracts to which this form applies, we require only one claimant statement with all policy/contract numbers indicated.

For a claim on a non-registered investment contract, and/or life insurance policy with cash values and/or a death benefit over \$100,000, the Claimant Statement Supplement (C-0008A) must also be completed.

1.0 Details about the Deceased

Policy/contract number(s)

First name of deceased

Last name

Date of birth

Province of residence

Date of death

| d | d | - | m | m | m | - | y | y | y | y |

| |

| d | d | - | m | m | m | - | y | y | y | y |

2.0 Individual Claimant Information - If the named beneficiary is a company or other entity, complete section 3.0

First name

Last name

Address (number and street)

Unit/apartment number

City

Province/state/country

Postal/zip code

Date of birth

| d | d | - | m | m | m | - | y | y | y | y |

Relationship to the deceased

SIN (Investment claims only. Not required if beneficiary is estate.)

Telephone number

Email address*

Your occupation

I am claiming the proceeds as (check all that apply):

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

2.1 International Tax Information (FATCA/CRS)

If you are not completing this form with an advisor, you must provide proof of residency status by attaching a photocopy of your government issued identification. Acceptable forms of identification include a driver's licence or passport.

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: _____

*Email address will only be used for the processing of this claim, you may withdraw your consent at any time by contacting us at: investment@empire.ca for an investment contract or individualclaims@empire.ca for a life insurance policy

3.0 Corporate/Entity Claimant Information

If the named beneficiary is a company or other entity, a completed form C-0044 is also required.

Exact name of corporation/entity

Address (number and street)

City

Province/state/country

Postal/zip code

Telephone number

4.0 Executor Information Same as individual claimant information provided in section 2.0, or Unknown, or:

First name of Executor

Last name

Address (number and street)

Unit/apartment number

City

Province

Postal code

Telephone number

5.0 Payment of Proceeds

How do you wish the proceeds to be paid? (Not applicable if life 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 number: _____

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).

6.0 Required for claims on individual life insurance only

To the best of your knowledge, did the deceased ever smoke or use any cigarettes, cigarillos, more than 12 large cigars, small cigars hashish, chewing tobacco, nicotine substitute, snuff, marijuana, betel nuts or pipes? yes no unknown

If yes, specify amount per day: Cigarettes _____ Pipe/cigar _____ Marijuana _____ Other products _____

How long did the deceased use the product(s)? _____

Did the deceased ever stop smoking/using the product(s)? yes no unknown - If yes, specify when and for how long:

Cause of death (claims cannot be paid without this information). If cancer, please provide the type, if known.

Approximate date when the health of the deceased was affected: | d | d | - | m | m | m | - | y | y | y | y |

7.0 Important Information

FRAUD NOTICE: Any person who knowingly files a claim containing any false or misleading information may be subject to criminal and/or civil penalties. In addition, an insurer may deny benefits if false or misleading information materially related to the claim or application for insurance was provided by the applicant or claimant.

LIMITATION PERIOD NOTICE: Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for Ontario), or other applicable legislation (for all other provinces and territories).

PRIVACY NOTICE: To maintain the confidentiality of your personal information and the personal information of the deceased, Empire Life will establish a file to contain the information provided in the claim. The purpose of this file is to enable Empire Life to assess the claim. This file will be kept in our office and only Empire Life employees, agents, third party service providers or representatives will have access to it when performing their duties. Empire Life may use third party service providers located outside of Canada to process and store the personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances. A copy of the Empire Life privacy policy is available on the website at www.empire.ca.

8.0 Declaration, Acknowledgement, Authorization and Consent

I declare that the information provided in this Claimant Statement is accurate and complete.

I consent to the use of my Social Insurance Number (SIN), where necessary, for tax reporting purposes.

I acknowledge I have read and understand Section 7.0 - Important Information.

I acknowledge that Empire Life is not confirming the validity of any claim or waiving any of its rights in defence of any claim arising under the policy/contract by providing this form, investigating the claim, or by accepting proofs of claim.

I authorize and direct any health practitioner, hospital, clinic or other medical or medically related facility, insurance company, government agency, current or former employer or other organization, institution or person that has personal information concerning (name of deceased) _____ to release to Empire Life, its reinsurers and their respective agents any personal information concerning the deceased that is requested by any of them for the purposes of assessing this claim.

I consent to Empire Life, its reinsurers and their respective agents disclosing any personal information concerning the deceased collected or used for the purposes of assessing this claim to each other, MIB LLC and any insurance company entitled to the information as a member of MIB LLC.

INDIVIDUAL CLAIMANT SIGNATURE

The claimant must sign below or use an acceptable e-signature software (e.g. Docusign, Adobesign, Onespan, iGeny) up to \$500,000.

Signature of claimant

X

Signed at (city and province)

Date

| d | d | - | m | m | m | - | y | y | y | y |

CORPORATE/ENTITY CLAIMANT SIGNATURE(S)

If the claimant is a company or other entity, we require the signature of 2 officers of the company/entity with their titles noted, **OR** the signature of 1 officer and the company seal, **OR** the signature of 1 officer with the Sole signing authority statement selected, and a completed C-0044 Corporation/Other Entity Owner Supplement form.

1st authorized signature of corporate/entity claimant

X

First name

Last name

Title

Only one signing authority to bind corporation/entity

2nd authorized signature of corporate/entity claimant

X

First name

Last name

Title

Send the completed form and any supporting documentation to:

By mail:

Empire Life
259 King Street East
Kingston ON K7L 3A8

By fax: 1 800-419-4051

By email:

investment@empire.ca for an investment claim
individualclaims@empire.ca for a life insurance claim