CLAIMANT STATEMENT SUPPLEMENT

This supplement must be completed when making a claim on a non-registered investment contract, or a life insurance policy with cash values and/or a death benefit over \$100,000.

1.0	Claim Details				
	Policy/contract number(s)				
	First name of deceased		Last name		
	First name of claimant		Last name or exact name of corporation/entity		
2.0	Dual Process to verify the identity of the claimant (the person completing this form) (Required for non-registered investment contracts and life insurance policies with cash values.)				
	If you are an advisor assisting the claimant with this form, please enter the information requested in the Source section. If you are a claimant submitting this form without the assistance of your advisor, please provide us with a copy of the two documents as noted below. Provide documents from TWO different, reliable sources of information (Source 1, Source 2 and/or Source 3). To be reliable, the issuer of the document must be a trustworthy source of information. We will accept an original version of the documents or a fax, photocopy, scan or electronic image of the original documents. Each document must be current, valid, legible and authentic and the two documents cannot be from the same issuer.				
	SOURCE 1:	 Canadian utility bill Canadian government issued property tax assessment Canadian government issued vehicle registration Canadian government issued benefits statements Canadian government issued photo ID Canada Revenue Agency documents such as notices of assessment Canadian T4 statements, Record of Employment, or investment account statements such as RRSPs and GICs 			
	SOURCE 2:	 Canadian government issued: photo ID permanent resident card or citizenship certificate original birth certificate or marriage certificate divorce documentation CPP statement of contributions product from a Canadian credit bureau (containing two trade lines in existence for at least 6 months), Canadian credit file that has been in existence for at least 6 months, or insurance documents (home, auto, life) travel visa issued by a foreign government 			
	SOURCE 3:	 a credit card or bank statement a mortgage statement a letter from the financial entity holding a deposit account, credit card or loan account 			
	Source and document type (e.g. Source 1-utility bill)		Individual's name as shown on the document	Account/reference number	

A copy of the documents listed must be submitted with this Claimant Statement Supplement.



2.1 Politically Exposed Persons and Heads of International Organizations Required for non-registered investment contracts and life insurance policies over \$100,000. 1. Have you, any of your close relatives* or any other persons closely associated** with you: a) held one of the following positions in the last 5 years in Canada? • Governor General, lieutenant-governor or head of federal or provincial government; • member of the Senate or House of Commons or member of a provincial legislature; · deputy minister of federal or provincial government or equivalent rank; head of a federal or provincial government agency; • leader or president of a political party represented in a legislature; • mayor of a city, town, village, or rural or metropolitan municipality; president of a corporation wholly owned directly by Her Majesty in right of Canada or a province; military officer with a rank of general or above; judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or • ambassador, or attaché or counsellor of an ambassador b) ever held one of the following positions in a country other than Canada? • head of state/government; · member of executive council of government or legislature; leader/president of a political party represented in a legislature; · deputy minister or equivalent; head of a government agency military officer with a rank of general or above; judge; president of a state-owned company/bank; or • ambassador, or attaché or counsellor of an ambassador 2. Are you, any of your close relatives* or any other persons closely associated** with you currently the head of an international organization or the head of an organization established by an international organization? ±± For questions 1 and 2: o yes o no If yes, provide details: *A close relative is your child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of your spouse/ civil union spouse/common-law partner; or child of your mother or father. ** A close associate is an individual who is closely connected to the beneficiary(ies) for personal or business reasons. + The head of an international organization is the primary person who leads that organization, for example a president or CEO. ++ An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments. E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court. 3.0 Declaration and Authorization I declare that the information provided in this Claimant Statement Supplement is accurate and complete. 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. Signature of individual claimant or an acceptable e-signature software (e.g. Docusign, Adobesign, Onespan, iGeny) up to \$500,000, OR 1st authorized signature of corporate/entity claimant

X First name Last name or exact name of corporation/entity Title (for coporate/entity claimant) 2nd authorized signature of corporate/entity claimant OR $\, \bigcirc \,$ Only one signing authority to bind corporation/entity X Exact name of corporation/entity (if applicable) Title Signed at (city and province) Date

Send the completed form and any supporting documentation to:

By mail: By fax: 1800-419-4051

By email: **Empire Life**

investment@empire.ca for an investment claim 259 King Street East individualclaims@empire.ca for a life insurance claim Kingston ON K7L 3A8



