



TRUST INC.

1080 Grande Allée West
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Quebec City, QC G1K 7M3

DEATH CLAIMANT'S STATEMENT

Authorized representative	Code	S.U.
Agency	Code	

INFORMATION ABOUT THE DECEASED

Contract number(s)	Approximate amount	Last name	
		First name	
		Province of residence	Social Insurance Number
		Date of birth Y M D	Date of death Y M D

MARITAL STATUS OF DECEASED:

MARRIED, BUT AT TIME OF DEATH:

Single Married Widowed **OR** Divorced since _____ Marriage annulled
 Common law spouse since _____ Legally separated since _____ Separated in fact only

THE DECEASED LEFT THE FOLLOWING TESTAMENTARY PROVISIONS:

a) A will: Yes (Attach a copy.) No
 b) A marriage contract: Yes (Attach a copy.) No

INFORMATION ABOUT THE CLAIMANT AND/OR BENEFICIARY(IES)

CLAIMANT or BENEFICIARY 1 – Last and first name

Date of birth: Y M D Social Insurance Number (mandatory)

Address: No. Street Apt. City Province Postal code

Home phone: _____ Office: _____ Relationship to the deceased

In what capacity are you making this claim?
 Beneficiary Estate → Payment will be made to the estate.

BENEFICIARY 2 – Last and first name

Date of birth: Y M D Social Insurance Number (mandatory)

Address: No. Street Apt. City Province Postal code

Home phone: _____ Office: _____ Relationship to the deceased

In what capacity are you making this claim?
 Beneficiary Estate → Payment will be made to the estate.

BENEFICIARY 3 – Last and first name

Date of birth: Y M D Social Insurance Number (mandatory)

Address: No. Street Apt. City Province Postal code

Home phone: _____ Office: _____ Relationship to the deceased

In what capacity are you making this claim?
 Beneficiary Estate → Payment will be made to the estate.

BENEFICIARY 4 – Last and first name

Date of birth: Y M D Social Insurance Number (mandatory)

Address: No. Street Apt. City Province Postal code

Home phone: _____ Office: _____ Relationship to the deceased

In what capacity are you making this claim?
 Beneficiary Estate → Payment will be made to the estate.

BENEFICIARY 5 – Last and first name

Date of birth: Y M D Social Insurance Number (mandatory)

Address: No. Street Apt. City Province Postal code

Home phone: _____ Office: _____ Relationship to the deceased

In what capacity are you making this claim?
 Beneficiary Estate → Payment will be made to the estate.

INDICATE THE DEATH BENEFIT OPTION AND SIGN ON PAGE 2.

DEATH BENEFIT (Check only one.)

Rollover:

- To spouse: The amount remains in the same contract and the contract conditions remain the same. Not allowed for a TFSA.
If the contract:
- Is a RRIF, you must:
 - Attach a new cheque specimen (personalized or signed by the client).

Payment of a single amount

- **If the beneficiary is the spouse or a dependent child of the deceased, tax slips will be issued in the name of the beneficiary, unless we are otherwise instructed. If tax slips must be issued in the deceased's name, please check the box below:**
 - Issue the tax slips in the name of the deceased.

DECLARATION AND SIGNATURES

I declare that the answers given in this statement are true, and that I did not conceal or omit any essential information, and that the answers above were given so that the proceeds of the abovementioned contract be paid to the beneficiary(ies) or to the estate, as the case may be. If one of the answers given is false, I incur the consequences of proceedings related to it and I commit in such case to reimbursing all amounts that were paid to me through this claim request.

X _____ X _____
Witness signature Claimant signature

X _____ X _____
Witness name (print in block letters) Date

NOTES

- The form must be signed by the beneficiary. When there is more than one beneficiary, the form may be signed by only one of the beneficiaries, but you must indicate the addresses and social insurance numbers for each beneficiary mentioned on the other side, or on a separate sheet if more than 5 beneficiaries. A cheque will be issued in each beneficiary's name.
- If the beneficiary or beneficiaries are minors, the form must be filled out by the legal guardian (Quebec) or by a designated trustee (other provinces). You must attach a birth certificate for all minors and indicate the name and address of the parents. Payment will be made according to applicable law.
- If the amount accumulated in the contract is assigned, in whole or in part, the benefit will be paid to the assignee and the beneficiary. If the assignment is no longer in effect, you must send us a copy of the release or retrocession.

BEFORE SENDING YOUR REQUEST, HAVE YOU ATTACHED?

- A proof of death (death certificate, attestation of death or newspaper death notice)
- Will or marriage contract
- ALL documents mentioned in the "DEATH BENEFIT" section (if the requested benefit is a rollover)
- An annex in which the following information is given for each beneficiary when there are more than 5 beneficiaries:
 - Last and first name
 - Date of birth
 - Social insurance number
 - Complete address
 - Home and work phone numbers
 - Relationship to the deceased
- New cheque specimen (personalized or signed by the client) if the benefit is a rollover
- If necessary, cheque for the net amount of payments made after the death
- Assignment: If the assignment is no longer in effect, attach the release or the retrocession.
- If the beneficiary is a minor child: Proof of birth indicating parents' names
- Act of guardianship/tutorship or deed of trust if the beneficiary is a minor child