

Claimant's Statement for Life Insurance Claims TO BE COMPLETED BY CLAIMANT

Policy number(s): _____

Full name of deceased: _____ Date of death: ____/____/____
(DD/MM/YYYY)

Cause of death: _____ Date of birth: ____/____/____
(DD/MM/YYYY)

Place of death: (If hospital or institution, give name) _____

Was the deceased a smoker at the time of death? ☐ yes ☐ no If **"yes"**, for how long did he/she smoke? _____

Please state what other life insurance the deceased carried.

Name of company: _____ Amount: _____ Date of issue: ____/____/____
(DD/MM/YYYY)

Names and addresses of all physicians who attended the deceased in the past 5 years.

NAME	ADDRESS	DATE (DD/MM/YYYY)	REASON
		/ /	
		/ /	
		/ /	
		/ /	

Names and locations of all hospitals or institutions where the deceased was treated in the past 5 years.

HOSPITAL OR INSTITUTION	CITY OR TOWN	DATE (DD/MM/YYYY)
		/ /
		/ /
		/ /
		/ /

Claimant's information PLEASE PRINT

Your name: _____ S.I.N.: _____ - _____ - _____

Your address: _____

Phone number: _____ Business phone number: _____

Email address: _____

Are you over 18 years of age? ☐ yes ☐ no If **"no"**, please provide your date of birth: (DD/MM/YYYY) ____/____/____

In what capacity or what title do you claim the insurance proceeds? (eg. named beneficiary, executor or assignee)

Relationship to deceased: _____

Do you wish the proceeds to be: ☐ Paid in installments ☐ Rolled over to Policy no. _____ ☐ Paid in lump sum

The undersigned hereby authorizes any physician, practitioner, hospital or other institution, insurer or other organization or persons having any records, data or information concerning _____ to furnish such records, data or information to *ivari* or its authorized representative as requested, or testify to any information thus acquired, and provision of the law to the contrary notwithstanding. A photocopy of this authorization shall be as valid as the original.

Date: (DD/MM/YYYY) ____/____/____

Sign here _____ **Sign here** _____
Witness signature Claimant signature

In furnishing this or other claims forms for the convenience of the claimant, the company does not admit any liability or waive any of its rights. PLEASE ATTACH POLICY OR POLICIES

Instructions

Please feel free to ask the Company's Branch Office or Agent for information or assistance in completing the Claim Forms. They will be glad to do anything they can to help you without charge.

COMPLETING THE CLAIMANT'S STATEMENT

1 If the policy is payable to a named beneficiary or beneficiaries

- a) This statement should be completed by the named beneficiary. If any named beneficiary is a minor, this statement should be completed on behalf of the minor beneficiary, by the legal guardian or other person authorized by law to deal with the minor's property. A certified copy of the Letters of Guardianship of the Estate of the minor must be submitted.
- b) If one claimant is making claim under two or more policies, he need only complete one Claimant's Statement indicating all policies for which a claim is being made.
- c) If there are two or more beneficiaries, any one of them may complete the Claimant's Statement on behalf of all, in which case the full name, address, and Social Insurance Number of each beneficiary must be indicated.
- d) If any named beneficiary is deceased, proof of death of such beneficiary must be furnished.

2 If the policy is payable to the estate of the deceased

- a) If the deceased left a Will, this statement should be completed by the Executors of the Will and a notarized copy of the Will and Letters of Administration (Letters Probate) must be furnished. In the province of Quebec, there is no provision for probate of a Will which has been drawn in notarial form, so a certified copy of the Notarial Will only is required. However, if the Will is English Form or Holograph (hand-written), it must be probated.
- b) If the deceased did not leave a Will, this statement should be completed by the Administrator of the Estate and a notarized copy of the Letters of Administration without a Will must be furnished. In Quebec, where Letters of Administration are not granted, this statement should be completed by the heirs of the deceased and a Declaration regarding Heirs must be submitted.

3 If the policy is assigned and no release is received

If the policy has been assigned absolutely both in form and in fact, the Claimant's Statement is to be completed by the assignee. If collaterally assigned, the Claimant's Statement is to be completed by both the beneficiary and assignee. Upon approval of claim, payment will be made by a cheque payable jointly to the beneficiary and assignee, unless otherwise directed by both parties.

4 Claimant's Social Insurance Number (S.I.N.)

This information should be filled in by the claimant as it may be required for the reporting of any taxable income paid to the claimant. If the claimant has never been assigned a number, leave blank. If the estate of the deceased is the claimant, the deceased's Social Insurance Number should be indicated.



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