

Claimant's Statement for Investment Products **TO BE COMPLETED BY CLAIMANT**

Number of each Policy under which a claim is being made: _____

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)* _____

Claimant's information **PLEASE PRINT**

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

Your address: _____

Home telephone: _____ Business telephone: _____

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: _____

Settlement instructions

Purchase new annuity/investment with *ivari* *(Completed application attached)*

Transfer funds to *ivari* Policy no. *(Include allocation instructions)* _____

Transfer to another carrier *(Transfer forms attached)*

Lump sum

Continuation of scheduled payments *(If applicable)* – Please provide an original cheque if electronic payments are preferred.

Other: _____

Signed at (city) _____ in the province of _____ on ____/____/____
(DD/MM/YYYY)

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

Sign here

Witness signature

Sign here

Claimant's 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.**