



Affidavit

500-5000 Yonge Street
Toronto, ON M2N 7J8
Telephone: 1-800-846-5970
Fax: 1-800-661-7296

CANADA
PROVINCE OF _____

COUNTY (or district) of _____

I/WE, _____ the person(s) executing this affidavit,
herein called Affiant(s), do severally make oath and say that:

1 _____, herein called the Decedent, who resided at _____
died on DD / MM / YYYY.

2 The Decedent did not leave a Will, and no executor or administrator has been or will be appointed for the Decedent's estate.

3 The only surviving heir(s) of the Decedent's immediate family (spouse and children) is/are listed below:

NAME	RELATIONSHIP	AGE	ADDRESS

4 All debts of the Decedent including funeral expenses, medical and hospital bills and all other debts of whatever nature have been paid.

5 The Affiant(s) is/are the only person(s) having an interest in the property of the Decedent, which property includes
Policy no. _____ issued or assumed by *ivari* on the life of _____.

6 This Affidavit is made to induce *ivari* to recognize the Affiant as the owner of Policy no. _____
and to permit such Affiant to exercise all rights under this policy. The Affiant(s) hereby request(s) that such policy be transferred or
assigned to the Affiant _____.

7 The Affiant(s) hereby irrevocably and unconditionally covenant and agree, at all times, promptly to indemnify and save harmless
ivari and its affiliates and their respective successors and assigns (*ivari* and such affiliates, successors and assigns being collectively
referred to as the "Indemnitees"), and each of them, from and against any and all claims, demands, actions, causes of action,
liabilities, losses, damages, costs and expenses whatsoever (including, but not limited to, legal and investigation fees and
disbursements), which may be made or brought against any of the Indemnitees or which any of the Indemnitees may suffer or incur
based upon, arising out of or in any way connected with (a) any misrepresentation contained in this Affidavit, (b) any reliance made
by any of the Indemnitees on any statement made in this Affidavit, or (c) any compliance by any of the Indemnitees with any request
contained in this Affidavit or otherwise submitted by any Affiant(s) in connection with the said policy. If more than one Affiant signs
this Affidavit, the obligations of such Affiants under this paragraph shall be joint and several.

SEVERALLY SWORN before me at the _____ of
_____, in the _____ of _____,
this _____ day of _____ of _____.

Signature of first Affiant

Signature of second Affiant

Commissioner for Taking Affidavits.

Signature of third Affiant

or

Signature of fourth Affiant

A Notary Public in and for the province of _____.

Signature of fifth Affiant

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