

# **BMO Guaranteed Investment Funds**

CLAIMANT'S STATEMENT – PROOF OF DEATH THIS FORM MUST BE FULLY COMPLETED FOR YOUR CLAIM TO BE PROCESSED										
Policy Number(s)										
DETAILS ABOUT THE D	DECEASED									
Full name (Last, First, Initial)									Male Female	
Date of Birth (dd/mmm/yyyy)	Date of Death (dd,	/mmm/yyyy) C	Cause of Death							
DETAILS ABOUT THE C	L CLAIMANT/BE		,							
Full name (Last, First, Initial)								Date of Bir	th (dd/mmm/yyyy)	
Did the Deceased leave a will? Relationship to the Deceased						Social Insurance No.				
Yes No						-				
Mailing Address A								Apt. No.		
City Province					Postal Code Telephone No.					
If you are not the benefic	ciary in what c	I anacity are y	you claiming the ben							
Please provide official do		, ,	9			n, etc.)				
DETAILS ABOUT THE F	PAYMENT									
Pay in lump sum										
Transfer to my existing	g BMO investm	ent. If you cl	hoose this option, pl	lease pr	ovide your pol	icy number:				
Other (please specify)										
Fraud notice: Any pers civil penalties. BMO Lit Insurance was provide	fe Insurance C	Company ma	ay deny benefits if							
I consent and authorize and myself and to proce its reinsurers, agents, th persons authorized by la request to have any inac	ss this claim. I hird-party admin aw. I understar	understand t nistrators, le nd that I hav	that a claim file will b gal representatives ve the right to ask to	be estab and to to o review	lished and acc hose whom y the personal	ess will be lin ou have grar information i	mited to BN nted access n the claim	IO Insurar s, in writin file abou	nce employees, ng, or any other t myself and to	
I certify the answers pro persons, hospitals, clini- records or knowledge of t or legal representatives	cs, institutions, the deceased to	, governmen release and	nt authorities, insura exchange with BMO	ance cor ) Insuran	npanies or an ce, its employe	y other corp es, its reinsur	orations, th ers, agents,	at have a	ny information,	
I also authorize BMO Ins	surance to use	my Social In	surance Number for	r any ta	reporting pur	poses.				
A photocopy of this auth	orization, as e	xecuted by r	me, will be as valid a	as the or	iginal.					
Claimant's Signature						Date (dd/mmm/yyyy)				
Witness' Printed Name and Signature						Date (dd/mmm/yyyy)				

# Proof of Claim

Please contact your financial advisor/representative if you have any questions or require assistance completing your claim form or providing any claim requirement.

Please note: You are responsible for any charges incurred in securing any proofs of claim.

Please see additional requirements below that may be specific to your claim. BMO Insurance reserves the right to request further information it deems necessary to establish the claim or confirm the right of the Claimant to receive the benefit.

An incomplete Claimant's Statement or missing proofs of claim will result in a delay in processing your claim.

#### Claimant's Statement

A completed Claimant's Statement is required for all claims:

- All sections of the Claimant's Statement must be completed by the named beneficiary or the representative of the beneficiary, or estate representative. For a corporate beneficiary, the Claimant's Statement must be signed in accordance with the corporate resolution (please attach a copy of the resolution);
- If the Beneficiary is a minor the Claimant's Statement must be completed by the trustee, by the tutor for the minor in Quebec or legally
  appointed Guardian, for property;
- If there is more than one beneficiary, a separate Claimant's Statement must be completed by each Beneficiary.

If the policy was assigned and the assignment has been released, attach a copy of the Release of Assignment.

If the policy was assigned and the assignment has **not** been released:

- Separate Claimant's Statements must be completed by the Beneficiary and the Assignee or hypothecary creditor;
- Attach a statement from the Assignee or hypothecary creditor with the outstanding amount of the assignment.

Payment will first be made to the Assignee only to the extent to satisfy the assignee's or hypothecary creditor's interest and any balance will be paid to the beneficiary, unless directed otherwise.

### **Proof of Death**

If death occurred in Canada or the U.S.A., one or more of the following will be required:

- Funeral Director's Statement;
- Provincial or State Death Certificate;
- Physician's Statement including the cause and date of death;
- For Quebec you could also submit a Copie d'acte de décès issued by the Directeur de l'état civil or Bulletin de décès.

If death occurred outside of Canada or the U.S.A., the following will be required:

- a notarized copy or the registration of death;
- a completed Foreign Death Claim Questionnaire.
- If death was not due to natural causes or the death is being investigated for any reason, we require:
  - the name, phone number and detachment of the investigating Police Officer; and
  - a copy of the autopsy report.

## **Estate Beneficiary Designation Requirement**

For all provinces other than Québec the following is required:

- If the beneficiary is the Estate, a notarized copy of the Will and Letters Probate;
- If no Will is available, a notarized copy of the Letter of Administration or Liquidator's appointment.

For the province of Québec the following is required:

- If the beneficiary is the Estate, a notarized copy of the Will if it was prepared by a Notary, or a probated copy of all other types of Wills;
- If there is no Will, a Declaration of heirship, completed in the presence of or before a Notary, outlining the legal heirs;
- A Will search certificate from the Chambre des Notaires and the Barreau du Québec.

#### Other requirement

If the named beneficiary is deceased, attach proof of death.

If the beneficiary is a minor:

- Attach a copy of the beneficiary's Birth Certificate; and
- A certified copy of the Letter of Guardianship of the property of the minor;
- If the Claimant's Statement is completed by a Power of Attorney for the beneficiary, attach a notarized copy of the Power of Attorney.
- In addition for the province of Québec:
  - If the Claimant's Statement was completed by a court appointed Tutor, attach a notarized copy of The Order;
  - If the Claimant's Statement is completed by a Power of Attorney on behalf of the beneficiary, attach a notarized copy of the mandate.