



Contract number(s)

 **Important** – See page 2 of this form to find out what documents you need to attach to this application.

Section A – Information about the deceased

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	Last name	
Date of birth (DD-MM-YYYY)	Date of death (DD-MM-YYYY)	Did the deceased have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of surviving spouse

Section B – Information about the claimant

 You must fill out one *Claimant's Statement - Death* form **per beneficiary**. (For instance, if there are three beneficiaries, three forms must be completed). If there are annuities **and** guaranteed investment funds products, you may use a single *Claimant's Statement - Death* form for all the products. If you do, please return a copy of this document and all other required documents to the address indicated at the top of this form to avoid processing delays. In order to issue a payment to the estate or payments for the current year until the date of date, the executor's address is required. Tax receipts may be issued at the time of settlement.

In what capacity are you claiming payment of the proceeds?
 Beneficiary (for a non-registered contract, complete the identity verification section) Executor of the estate (complete Section D) Guardian for minor child(ren)
 Other – Specify _____

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name (If a legal entity, Business name)	Last name		
Address (no, street, apt.)	City	Province	Country	Postal code
Social insurance number	Date of birth (DD-MM-YYYY)	Occupation (Nature of business, if an entity) – Please specify		
Telephone number (residence)	Telephone number (business)			

If you are not the executor, please provide the name and mailing address of the executor.

Claimant – Identity Verification (non-registered contracts only)

The agent or representative must verify the identity of the claimant, as required by federal law, by examining one of the following forms of identification.

Provide document number. An expired document is not acceptable.

***Important:** These fields must be completed.

Driver's Licence Passport Provincial Health Card (Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes)

Other photo card issued by a government (please specify): _____

Place of issue or jurisdiction*	Document number*	Expiration date*	Verification date*
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Verification completed:
 In person Remotely – Complete the Identification by Dual Process form (20-0256_200E)

Are you currently, or have you previously been, a *politically exposed domestic person* (in the past 5 years), a *politically exposed foreign person* or a *head of an international organization*? Do you have direct ties to someone in one of these categories (i.e., a family member or close associate)?

No Yes – Complete the self-identification of a politically exposed person (PEP) form (22042E)

Section C – Settlement option

Which settlement option do you prefer?

Lump-sum payment _____ direct deposit (Provide a personalized cheque marked "VOID").

Continuation of annuity payments* cheque
 *(annuities only): If payments continue in a non-registered contract, please provide a *Declaration of Tax Residence for Individuals* RC518.

External transfer – T2033 required Other – Specify _____

Transfer to a Desjardins contract* Existing contract New contract

*attach instructions

Contract number

Section D – Executor of the estate (this section must be filled out only if the claimant is acting as the executor)

When the estate is the beneficiary of the death benefit, we must ask the executor if the heirs/legatees of the estate are known to comply with legal and regulatory requirements.

Is the identity of the heirs/legatees of the succession known?

Yes - please complete the heir/legatee information No

Heir/Legatee 1

First name		Last name		Initial
Mailing address (Number and Street)		City	Province	Postal code
Date of birth (DD-MM-YYYY)	Occupation (nature of principal business or profession)			

Heir/Legatee 2

First name		Last name		Initial
Mailing address (Number and Street)		City	Province	Postal code
Date of birth (DD-MM-YYYY)	Occupation (nature of principal business or profession)			

If there are more than two heirs/legatees, check this box and attach a separate page with the requested information.

Section E – Claimant's statement

I certify that all the answers given above are complete and true.

Signature of claimant Date (DD-MM-YYYY)

I would like the original documents to be returned to me.

I would like the original documents to be returned to this address: _____

Documents to include with this form

Annuities and Guaranteed Investment Funds

Proof of death:

- A copy of the original document is required if the contract(s) value is \$100,000 or less.
- The original document or a certified copy of the original document is required if the contract(s) value is more than \$100,000.

Will and will search:

When the contract value is more than \$50,000, a copy of the will is required:

- If no beneficiary is designated.
- If the beneficiary is revocable (Quebec only).

Non-registered product with a value of 10,000\$ or more to pay to the estate:

- Will and will search
- or
- Death certificate

The company reserves the right to request any other pertinent documents.

Documents to include for a transfer

Additional forms are required if you want to transfer the funds to a Desjardins contract. These forms must be completed with a representative.

Annuities

Transfer to a new contract:

- *Term Investments – Contract and Contract Application*, n° 14309E **or**
- *Term Investments – Contract and Contract Application (TFSA)*, n° 14310E

Transfer to a new contract (only if the funds come from an existing savings contract):

- *National Savings Contract and Contract Application*, n° 02162E **or**
- *National Savings Contract and Contract Application (TFSA)*, n° 08296E

Provide a *Declaration of Tax Residence for Individuals* for non-registered contracts.

Transfer to an existing contract:

- *Letter of Direction – Annuities*, n° 19098E

Guaranteed Investment Funds

Transfer to a new contract:

- *Helios2 Contract Application*, n° 13137E **or**
- *Helios2 Contract Application (TFSA)*, n° 13139E

Transfer to an existing contract:

- *Statement of Direction*, n° 13140E

Note: Guaranteed investment funds are eligible for A\$M transfer. To proceed, use the manufacturer code IMP.