



CLAIMANT'S STATEMENT – WHOLE LIFE AND UNIVERSAL LIFE – INDIVIDUALS

Where the claimant is an individual, complete the 682TC for term life insurance and critical illness policies, or 682WU for whole life and universal life insurance policies. Where the claimant is an entity, complete the 682ENT. Verification of identity may be required to comply with Anti-Money Laundering legislation - see Section 5 for further instructions.

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, unless a minor. If there is more than one beneficiary, each beneficiary must complete a separate statement.
 - b) If any named beneficiary is a minor, this statement should be completed on behalf of the minor beneficiary by the guardian or other person authorized by law to deal with the minor's property.
 - c) If any named beneficiary is deceased, proof of death of such beneficiary must be provided.
2. If the Policy is payable to the estate of the deceased:
 - a) The funds will be payable to the estate of the deceased.
3. If the Policy is assigned:
 - a) A statement should be completed by the assignee as well as the beneficiary. Payment will be made jointly to the beneficiary and the assignee.
4. Claimant's Social Insurance Number (SIN)/Tax identification number (TIN) (IRS):
 - a) This information is required from the claimant as it may be required to report any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No Number". If the estate of the deceased is the claimant, the deceased's SIN should be inserted.
5. Each entity (corporation, trust, estate, partnership or association) claimant must complete the "Claimant's Statement - Entities" form (682ENT).



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Policy numbers for each claim	
Deceased's name (in full)	Province or state
Date of death (dd/mm/yyyy)	Cause of death
Place of death	Date and place of birth

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

Name	Address	Date	Reason

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

Hospital or institution	City or town	Date

Please answer all the below questions:

Did the deceased have any other active life insurance policies at the time of death? Yes No Unknown

If yes, Type of Insurance _____ Amount _____

To your knowledge, did the deceased ever smoke? Yes No

If yes, please provide the length of time (approx.) _____ Please check one: cigarettes pipes cigars

To your knowledge, did the deceased ever stop smoking? Yes No

If yes, when and for how long? _____



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1. CLAIMANT'S INFORMATION

The following information is required to comply with Canadian legislation. In order for us to process your claim, please complete all of the following fields.

Name (please print)		SIN/TIN (IRS)
Address	City or town	Province
Phone number	Postal or Zip Code	Country
Email address		Date of birth (dd/mm/yyyy)
Relationship to Policy Owner	Occupation (job title and duties) – if not currently working, indicate former occupation	
Relationship to deceased	What's your role or connection to this insurance claim? (e.g. named beneficiary, executor or assignee)	

How would you like the proceeds to be paid?

- Paid by direct deposit to the beneficiary's bank account. Attach a void cheque or bank letter which outlines the account belongs to the beneficiary
Note: EFT payment may not be available for all policies. If EFT is not available for this Policy, a cheque will be issued and mailed to claimant's address above.
- Paid by cheque
The cheque will be mailed to claimant's address unless an alternate address is provided:
Alternate Address: _____
- Deposit to Equitable's Policy _____
- Last survivor, no payment at this time _____

2. TRUSTEE INFORMATION

If there is a trustee named on behalf of the claimant, please complete the following fields.

Name (please print)		SIN/TIN (IRS)
Address	City or town	Province
Phone number	Postal or Zip Code	Country
Email address		Date of birth (dd/mm/yyyy)
Occupation (job title and duties) – if not currently working, indicate former occupation		



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3. DECLARATION OF TAX RESIDENCE

If your address is outside of Canada, or the money is to be sent outside of Canada, please complete this section.

- I am a tax resident of Canada: provide SIN: _____
- I am a tax resident or citizen of the United States: provide TIN or functional equivalent: _____
- I am a tax resident of a jurisdiction other than Canada or the United States:
Jurisdiction of tax residence: _____ TIN or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, give the reason using one of these choices:

- a) I will apply or have applied for a TIN but have not received it yet.
- b) My jurisdiction of tax residence does not issue TINs to its residents.
- c) Other reason: _____

4. POLITICAL POSITIONS

Complete this section if the claimant is a politically exposed person and the death benefit is equal to or greater than \$100,000, or if you have been requested to complete this section.

For the purposes of this question:

- **Claimant** means the claimant, or the trustee for the claimant where one exists.
- **Family member** means spouse, ex-spouse, sibling, parent, mother-in-law or father-in-law, or biological or adoptive child.
- **Close associate** means an individual who is closely connected to the claimant for personal or business reasons.
- **Spouse** means the spouse or common law partner.
- **Ex-spouse** means the ex-spouse or ex-common law partner.

Does the claimant or any of the claimant's close associates hold, or have they ever held, any of the positions listed below; or is the claimant a family member of a person who holds or has ever held any of the positions below:

- No Yes - indicate the position held below

Position in Canada or in another country

Note: For positions in Canada, list only the positions held in the past five years. For all other countries, list all such positions that have ever been held.

- | | |
|--|---|
| <input type="checkbox"/> Head of state or head of government (including Governor General and Lieutenant Governor) | <input type="checkbox"/> Head of an international organization that is established by the governments of countries or the head of an institution of any such organization (indicate only if position held in the past five years) |
| <input type="checkbox"/> President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government) | <input type="checkbox"/> Deputy Minister (or equivalent) |
| <input type="checkbox"/> Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature) | <input type="checkbox"/> Leader or President of a political party in a legislature |
| <input type="checkbox"/> Head of a government agency | <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor |
| <input type="checkbox"/> Judge (in Canada, must be a judge of an appeal court) | <input type="checkbox"/> Military General (or higher rank) |
| | <input type="checkbox"/> Mayor of a Canadian municipality (does not include mayors in countries other than Canada) |



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4. POLITICAL POSITIONS (Continued)

If you answered "Yes" to the question above, complete the following information:

What is the name of the person who holds or held the position?

What is the title of the position held?

Position held from: _____ to _____
(starting year) (ending year)

In what country was the position held?

With what organization, government or institution was the position held?

How is this person related to the Claimant?

The person is the Claimant

Family member (relationship): _____

Close associate (relationship): _____

What is the Claimant's source of wealth (check all that apply):

Salary or earned income

Business income

Inheritance

Property income/holdings

Investment income

Lottery

Other _____

5. IDENTITY VERIFICATION

Equitable is required to verify the claimant's identity (or the identity of the trustee for the claimant) on universal life and whole life policies where the taxable death benefit is equal to or greater than \$10,000. If you meet the criteria (or you are unsure), please provide your consent to having your identity verified by a third party by checking the box below.

I consent to Equitable verifying my identity through a third-party service provider.



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6. CLAIMANT'S DECLARATION

I certify that the information given in this statement is true, correct, and complete.

The personal information willingly provided by me to Equitable and held in their files will be used by Equitable for the purposes of claims processing and adjudication; improving and developing insurance and/or reinsurance related tools, processes, studies, algorithms, and products; and post-issue auditing. I understand and authorize that for the above purposes the personal information on file about me, the insured person, or this claim is accessible to, and may be exchanged with: authorized employees of, and relevant third parties retained by, Equitable; Equitable's sales distribution network; participating reinsurer(s); other insurance companies; investigative organizations; health care providers, medical professionals, and pharmacies; and any other person or party whom I authorize.

I acknowledge that personal information about me, the insured person, or this claim may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If this policy was issued in Quebec, my personal information will be stored outside of Quebec. Further details about Equitable's privacy practices and contact information for Equitable's Privacy Officer are available at www.equitable.ca.

I authorize all physicians and other persons who have attended the insured and all hospitals, institutions, and government authorities to provide Equitable all information in their possession or within their knowledge respecting the insured and to honour a copy of this authorization.

Dated at _____ this _____ day of _____

Signature of Claimant _____

By providing this or other claim forms to the claimant, the Company does not admit to any liability or waive any of its rights.

A limitation period provision describes the time period in which you may commence a proceeding for recovery of policy benefits. This time period is set out in provincial insurance legislation or other legislation that applies to your claim.

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800-668-4095.