



CLAIMANT'S STATEMENT FOR ENTITIES – SAVINGS AND RETIREMENT

This form is to be completed by the named beneficiary when the beneficiary is an estate or other entity. If any claims are being made by an individual, use the Claimant's Statement for Individuals (Form #1516) instead. If the policy is assigned, a statement should be completed by the assignee as well as the beneficiary (note: the payment will be made to the assignee).

Number of each policy under which a claim is being made	
Deceased's Name (in full)	Province or State of Residence
Date of Death	Date of Birth
Place of Death	Place of Birth

1. CLAIMANT INFORMATION		
Full Name of Entity		
Street Address	City	Province/State
Postal/Zip Code	Phone number	Email Address
In what capacity or by what do you claim the death benefit? (e.g. Named beneficiary, Executor or Assignee)?		
Relationship to Deceased		

2. PAYMENT OPTIONS
<p>How would you like the proceeds to be paid? (Note: Not all options are available for all claims)</p> <p><input type="checkbox"/> Paid by cheque (default if no selection is made)</p> <p><input type="checkbox"/> Paid by direct deposit to the beneficiary's bank account. Attach a void cheque or bank letter with the beneficiary's name pre-printed on the document.</p> <p><input type="checkbox"/> Transfer to another financial institution (please provide a transfer form)</p> <p><input type="checkbox"/> Deposit to Equitable Life policy # _____</p> <p><input type="checkbox"/> Deposit to a new Equitable Life savings policy. Complete a new application with an advisor. If you require an advisor please contact our Customer Service team at 1.800.668.4095.</p> <p><input type="checkbox"/> Payments to continue to beneficiary. Attach a void cheque or bank letter with the beneficiary's name pre-printed on the document.</p> <p><input type="checkbox"/> Other: _____</p>



CLAIMANT'S STATEMENT FOR ENTITIES – SAVINGS AND RETIREMENT

3. ENTITY IDENTIFICATION

Within this section, only complete the applicable information below, based on the entity type of the claimant.

- a) Estate or Trust
- b) Corporation
- c) Sole Proprietor, Partnership, Association or Union
- d) Not for Profit Organization

a) Estate or Trust

Complete the following information for all trustees/executors, beneficiaries and settlors of the Estate or Trust:

Select as applicable:	Name	Address
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		

I have attached evidence of existence (choose at least one): Trust Agreement/Deed Will/Estate Documents

b) Corporation

Incorporation Number (if applicable)	Jurisdiction (federal/provincial)	Business Number or Quebec EnterpriseNumber
Describe principal business activity (if a holding company, describe the nature of businesses held)		
Do you carry on business under any other names? Please list:		

I have attached the following evidence of existence (choose at least one):

- a copy of articles of incorporation
- business license
- registration of business name or corporate search

Additionally, I have attached the following records of provisions relating to the power to bind the corporation (authority of officers to sign on behalf of the corporation). (Choose and attach at least one):

- a copy of our Bylaws
- our most recent Director's Resolutions

List the name(s) of the corporation's directors:

Name	Name
Name	Name



CLAIMANT'S STATEMENT FOR ENTITIES – SAVINGS AND RETIREMENT

3. ENTITY IDENTIFICATION (continued)

c) Sole Proprietor/Partnerships/Associations or Union

Incorporation Number (if applicable)	Jurisdiction (federal/provincial)	Business Number or Quebec Enterprise Number
Describe principal business activity (if a holding company, describe the nature of businesses held)		

List the name(s) of the organization's principals/directors:

Name	Name
Name	Name

Please attach as applicable:

Sole Proprietor and Partnership:

Copy of business licence or registration of business name
(Not required if name of company is the exact name of the proprietor)

Union:

Copy of most recent collective agreement

Association:

Copy of the bylaws, regulations, association agreement/nominate contract (PQ)

Limited Liability or Other Corporation:

Articles of incorporation

d) Not for Profit Organization

Incorporation Number (if applicable)	Jurisdiction (federal/provincial)
Describe principal business activity (if a holding company, describe the nature of businesses held)	

I have attached one of the following (if applicable):

a copy of articles of incorporation business licence registration of business name or corporate search

Does the organization solicit charitable donations from the public? Yes No

Is the organization a charity registered with Canada Revenue Agency? Yes No

If yes, Registration Number _____

List the name(s) of the organization's directors:

Name	Name
Name	Name



CLAIMANT'S STATEMENT FOR ENTITIES – SAVINGS AND RETIREMENT

4. BENEFICIAL OWNERSHIP

A beneficial owner is an individual who owns or controls, directly or indirectly, 25% or more of the business/entity. Complete the following for each beneficial owner.

No person owns or controls, directly or indirectly, 25% or more of the above business/entity.

Name (first, middle initial, last)	Residential Address (street number and name)	
City	Province	Postal Code

Name (first, middle initial, last)	Residential Address (street number and name)	
City	Province	Postal Code

Name (first, middle initial, last)	Residential Address (street number and name)	
City	Province	Postal Code

If you were unable to provide the information for any of the beneficial owners, please explain why:

5. IDENTITY VERIFICATION

Use this section to verify the identification of the individual(s) who has the authority to sign or provide direction on behalf of the entity. Spaces have been provided for three individuals. If more space is required, please print and attach additional copies of the "Identity Verification" section of this form.

Name (first, middle initial, last)

Residence Address

Please choose one of the following Verification of Identification methods (A or B):

A) In Person:

Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Confirmation by advisor:

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

B) Non Face-to-Face

Use this method when the advisor is not physically present to verify the identification.

Date of Birth (dd/mm/yyyy)	Residence Phone Number

I, the signing officer identified above, consent to Equitable Life verifying my identity through a third party service provider.



CLAIMANT'S STATEMENT FOR ENTITIES – SAVINGS AND RETIREMENT

5. IDENTITY VERIFICATION (continued)

Name (first, middle initial, last)

Residence Address

Please choose one of the following Verification of Identification methods (A or B):

A) In Person:

Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Confirmation by advisor:

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

B) Non Face-to-Face

Use this method when the advisor is not physically present to verify the identification.

Date of Birth (dd/mm/yyyy)	Residence Phone Number

I, the signing officer identified above, consent to Equitable Life verifying my identity through a third party service provider.

Name (first, middle initial, last)

Residence Address

Please choose one of the following Verification of Identification methods (A or B):

A) In Person:

Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Confirmation by advisor:

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

B) Non Face-to-Face

Use this method when the advisor is not physically present to verify the identification.

Date of Birth (dd/mm/yyyy)	Residence Phone Number

I, the signing officer identified above, consent to Equitable Life verifying my identity through a third party service provider.



CLAIMANT'S STATEMENT FOR ENTITIES – SAVINGS AND RETIREMENT

6. DECLARATION OF TAX RESIDENCE

Check all of the options that apply to the entity.

The entity is a tax resident of Canada. If the entity is a trust, give its trust account number.

Trust account number: T- _____

The entity is a tax resident of the United States.

The entity is a tax resident of a jurisdiction other than Canada or the United States.

Jurisdiction of tax residence: _____

Taxpayer identification number or functional equivalent: _____

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

a) The entity will apply or has applied for a TIN but has not yet received it.

b) The entity's jurisdiction of tax residence does not issue TINs to its residents.

c) Other reason: _____

7. APPLICANT/POLICY OWNER DECLARATION AND SIGNATURES

In this section, "you" and "your" mean the signing officers or trustees signing below.

By signing below:

- You declare that you are authorized to sign on behalf of the policy owner.
- You certify that the information provided on this form is current, correct and complete.
- You agree to notify Equitable Life within 30 days of a change to any of the information provided on this form.

First Name	Middle initial	Last name	
Signature of signing officer or trustee		Title	Date (dd-mm-yyyy)
First Name	Middle initial	Last name	
Signature of signing officer or trustee		Title	Date (dd-mm-yyyy)
First Name	Middle initial	Last name	
Signature of signing officer or trustee		Title	Date (dd-mm-yyyy)

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.

Contact our Head office at 1.800.668.4095 for information or assistance completing this statement and providing proof of claim.

Please note: Equitable Life® 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 Life 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.