Equitable Life of Canada®

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

Complete this form for claims under Whole Life or Universal Life policies if the Claimant is an entity. Please complete form 682WU for claims under Whole Life or Universal Life policies where the Claimant is an individual, or form 682TC for Term or Critical Illness policies. These forms can be found on EquiNet.

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

To your knowledge, was the deceased a smoker? ☐ Yes ☐ No

If yes, please indicate 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? _____

Did the deceased have any other life insurance policies in force at the time of death? ☐ Yes ☐ No

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

1. Entity Identification

Please complete the applicable section:
a) Corporation
b) Sole Proprietor/Partnerships/Associations/Unions
c) Not For Profit Organization
d) Estate or Trust

a) Corporation

Full Legal Corporate Name		Business Number or Quebec Enterprise Number	
Incorporation Number		Jurisdiction (federal/provincial)	
Address (street number and name)			City
Province	Postal Code	Email Address	
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 regarding signing authorities ☐ Signing Authorities Certificate Form 2004

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

Name	Name
Name	Name

1. Entity Identification (continued)

b) Sole Proprietor/Partnerships/Associations/Unions

Full Name of Entity		Business Number or Quebec Enterprise Number
Registration Number (if applicable)	Jurisdiction (federal/provincial)	
Address (street number and name)		City
Province	Postal Code	Email Address
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:
Copy of business license 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)

☐ Partnerships:
Copy of Partnership Agreement

1. Entity Identification (continued)

c) Not for Profit Organization (Incorporated or Non-Incorporated)

Full Name of Not for Profit Organization		
Incorporation Number (if applicable)	Jurisdiction (federal/provincial)	
Address (street number and name)	City	
Province	Postal Code	Email Address
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 license ☐ 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

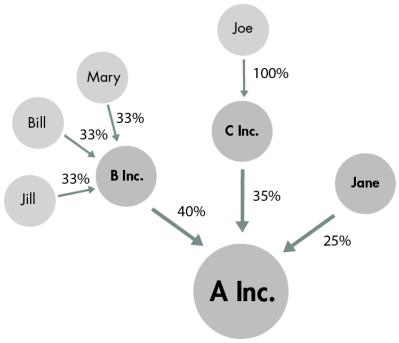
d) Estate or Trust

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

Select as applicable:	Name	Address
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
☐ Trustee/Executor ☐ Beneficiary ☐ Settlor		
I have attached evidence of existence (choose at least one): ☐ Trust Agreement/Deed ☐ Will/Estate Documents		

2. Ownership Structure and Beneficial Ownership

If the Entity is complex with multiple layers of ownership, attach a chart showing the complete ownership structure. If any entity is owned by another entity, the chart should show all ownership interests up to the individuals who own or control the entity. As an example, if A Inc. owns the insurance policy:



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)	
% Control	City	Province	Postal Code

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

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

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

_____

3. 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 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: _____

4. 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)			S.I.N./ Tax Ident. (IRS) No.
Address	City or Town		Province
Phone Number	Postal or Zip Code		Country
Date of Birth (dd/mm/yyyy)	Relationship to Policy Owner	Occupation (job title and duties) – if not currently working, indicate former occupation	
In what capacity or by what do you claim the insurance (e.g. Named beneficiary, Executor or Assignee)?			Relationship to Deceased

How would you like the proceeds to be paid?

☐ Paid by cheque (default if no selection is made)

The cheque will be mailed to Claimant's address unless an alternate address is provided:
Alternate Address: _____

☐ Deposit to Equitable Life policy # _____

☐ Deposit to a new Equitable Life savings policy

Complete a new application with an advisor and attach it to this form. If you require an advisor please contact our Customer Service team at 1.800.668.4095.

5. TRUSTEE INFORMATION

If there is a Trustee named on behalf of the Claimant, please complete the following fields.

Name (please print)			S.I.N./ Tax Ident. (IRS) No.
Address	City or Town		Province
Phone Number	Postal or Zip Code		Country
Date of Birth (dd/mm/yyyy)	Relationship to Policy Owner	Occupation (job title and duties) – if not currently working, indicate former occupation	

6. Claimant 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 entity Claimant.
- You certify that the information provided on this form is current, correct and complete.
- You authorize all physicians and other persons who have attended the deceased and all hospitals, institutions and government authorities to provide Equitable Life of Canada all information in their possession or within their knowledge respecting the deceased and to honour a copy of this authorization.

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)

Dated at _____ this _____ day of _____

Witness _____ 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.

INSTRUCTIONS

Please feel free to contact our Head Office at 1.800.668.4095 for information or assistance in completing this Statement and providing proof of claim.

1. 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."

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.