



## CLAIMANT'S STATEMENT FOR INDIVIDUALS — SAVINGS & RETIREMENT

If any claims are being made by the estate or other entity, e.g. assignee, corporation, non-corporate entity, use the "Claimant's Statement — Entities (Form #1969)" instead.

|   |                                |
|---|--------------------------------|
| Number of each contract under which a claim is being made |                                |
| Deceased's name (in full)                                 | Province or state of residence |
| Date of death   | Place of death                 |
| Date of birth   | Place of birth                 |

If you are making a claim as a trustee on behalf of a minor beneficiary, complete the Claimant Information section with the child's information, and enter your information in the Trustee Information section.

|   |                 |                            |
|---|-----------------|----------------------------|
| <b>1. CLAIMANT INFORMATION</b>  |                 |                            |
| Name (first, middle, last)  |                 | Date of birth (yyyy/mm/dd) |
| SIN and expiry or tax identification number   |                 | Email address              |
| Street address  |                 | City                       |
| Province/State  | Postal/Zip code | Phone number               |
| Occupation (job title and duties) — if not currently working, indicate former occupation                    |                 |                            |
| In what capacity or by what do you claim the death benefit? (e.g. Named beneficiary, Executor or Assignee)? |                 |                            |
| Relationship to deceased  |                 |                            |

|   |
|---|
| <b>2. PAYMENT OPTIONS</b>   |
| How would you like the proceeds to be paid? (Note: Not all options are available for all claims)  |
| <input type="checkbox"/> Paid by cheque (default if no selection is made)   |
| <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.   |
| <input type="checkbox"/> For TFSA and RRIF contracts where the spouse is the sole beneficiary: Elect to continue the contract as the successor annuitant. Please attach void cheque or bank letter with the beneficiary's name pre-printed on the document. |
| <input type="checkbox"/> Deposit to Equitable® contract # _____   |
| <input type="checkbox"/> Deposit to a new Equitable savings contract. Complete a new application with an advisor. If you require an advisor please contact our Client Care Centre at 1 800 668 4095.  |
| <input type="checkbox"/> Payout Annuity contracts only: Payments to continue to beneficiary. Restrictions apply. Attach a void cheque or bank letter with the beneficiary's name pre-printed on the document.   |
| <input type="checkbox"/> Transfer to another financial institution (please provide a transfer form)   |
| <input type="checkbox"/> Other: _____   |



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### 3. TRUSTEE INFORMATION (if applicable)

|  |                 |                            |
|--|-----------------|----------------------------|
| Name (first, middle, last)   |                 | Date of birth (yyyy/mm/dd) |
| Street address   |                 | City                       |
| Province/State   | Postal/Zip code | Phone number               |
| Occupation (job title and duties) — if not currently working, indicate former occupation |                 |                            |

### 4. IDENTITY VERIFICATION

Equitable is required to verify the Claimant's identity (or the identity of the Trustee for the Claimant) on contracts where the death benefit is equal to or greater than \$10,000. If you meet these criteria or you are unsure, please provide two forms of identification.

Each of the documents must be from a different category below (that is, no more than one document from any one of the categories). The documents should be from a Canadian source unless otherwise indicated.

| <b>CATEGORY A</b><br>(must include name and address)  | <b>CATEGORY B</b><br>(must include name and date of birth)  | <b>CATEGORY C</b><br>(must include name and account information)   |
|---|---|--|
| Government issued photo identification (excluding provincial health cards) – different from Category B document | Government issued photo identification (excluding provincial health cards) – different from Category A document | Bank account statement   |
| Benefits statement: federal, provincial, territorial or municipal   | Birth certificate   | Loan account statement   |
| Canada Pension Plan statement   | Marriage certificate / Divorce documentation  | Credit card statement  |
| Provincial vehicle registration   | Insurance company document (home, auto, life excluding Equitable)   | Letter from bank, trust company or credit union confirming account |
| Municipal property tax assessment   | Permanent Resident card   |  |
| Utility bill (e.g. hydro, phone, cable, etc.)   | Citizenship certificate   |  |
| Investment account statement (e.g. RRSP, securities account, excluding Equitable)                               | Investment account statement (e.g. RRSP, GIC, excluding Equitable)  |  |
|   | Travel visa issued by a foreign government  |  |
|   | Temporary driver's licence (non-photo)  |  |



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### 5. DECLARATION OF TAX RESIDENCE (For non-registered only)

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
- I am a tax resident or citizen of the United States:  
Provide taxpayer identification number (TIN) or functional equivalent: \_\_\_\_\_
- I am a tax resident in a jurisdiction other than Canada or the United States:  
Jurisdiction of tax residence \_\_\_\_\_ Taxpayer identification number (TIN) or functional equivalent: \_\_\_\_\_

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

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

### 6. POLITICAL POSITIONS

The following section is required when the death benefit is non-registered and  $\geq \$100,000$ . If you meet these criteria (or you are unsure), please complete this section.

For the purposes of this question:

- "Claimant" means the person who is entitled to receive the death benefit on the contract.
- "Family Member" means the Spouse, Ex-spouse, sibling, parent, mother-in-law or father-in-law, child 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** – go to next section     **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 the position was 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 only, 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)  |

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 _____<br>(starting year)                      (ending year) | In what country was the position held?  |



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### 6. POLITICAL POSITIONS (continued)

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? (Where a Trustee has been named, specify the Trustee's source of wealth):

Salary or earned income

Investment income

Property income/Holdings

Inheritance

Business income

Other \_\_\_\_\_

Lottery

#### Additional forms required

**For all claims:** If you have not previously provided Equitable with the deceased person's death certificate, please submit it with this form.

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 processing this claim; 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 annuitant, or this claim is accessible to and may be exchanged with: authorized employees of, and relevant third parties retained by, Equitable; investigative organizations; and any other person or party whom I authorize.

I acknowledge that personal information about me, the annuitant, 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](http://www.equitable.ca).

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 contract benefits. This time period is set out in provincial insurance legislation or other legislation that applies to your claim.**



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### INSTRUCTIONS

Contact our Head Office at 1 800 668 4095 for information or assistance in completing this statement and providing proof of claim.

### COMPLETING THE CLAIMANT'S STATEMENT

1. If the contract is payable to a named beneficiary or beneficiaries:
  - This statement should be completed by the named beneficiary, unless a minor. If there is more than one beneficiary, each beneficiary should complete a separate statement.
  - 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.
  - If any named beneficiary is deceased, proof of death of such beneficiary must be provided.
2. If the contract is payable to the estate of the deceased:
  - The cheque will be made payable to the Estate of the deceased.
3. If the contract is assigned:
  - A statement should be completed by the assignee as well as the beneficiary. Payment will be made to the assignee.
4. Claimant's Social Insurance Number/Tax ID (IRS) Number:
  - 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 social insurance number, insert "No number". If the estate of the deceased is the Claimant, the deceased's Social Insurance Number should be inserted.
5. If you have concerns about your claim, go to [www.equitable.ca/en/get-in-touch](http://www.equitable.ca/en/get-in-touch) and click on the **Share a concern** under **Other Contact Information** at the bottom of the screen. There you will find information on how to file a complaint, including independent review by the OmbudService for Life & Health Insurance, provincial insurance regulators and the courts.

**Please note:** While using the Internet and e-mail is convenient, sending confidential and personal information through the Internet is not secure. E-mail is vulnerable to interception. If this form contains confidential or personal information, you should consider sending this form to us other than by e-mail. You can contact us at 1 800 668 4095 for contact information. Equitable is not responsible for any loss or damages you may incur or if your information is intercepted and misused if you send confidential or personal information to us over the Internet.