



## CLAIMANT'S STATEMENT – SAVINGS & RETIREMENT

(If any claims are being made under a life or critical illness insurance policy, please complete form #682)

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

<b>CLAIMANT INFORMATION</b>	
Claimant Name	SIN/ Tax Ident. (IRS) No.
Claimant Address	Claimant Postal or Zip Code
Claimant Email Address	Claimant Phone Number
Are you 18 years of age or over? <span style="float: right;">If not, provide date of birth (day, month, year)</span> <input type="checkbox"/> Yes <input type="checkbox"/> No	
In what capacity or by what do you claim the death benefit? (e.g. Named beneficiary, Executor or Assignee)?	Relationship to Deceased
Do you wish the proceeds to be invested into: <input type="checkbox"/> Payout Annuity <input type="checkbox"/> Tax Free Savings Account <input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Paid in Lump Sum (default if no selection is made) <input type="checkbox"/> Non-Registered Savings Plan <input type="checkbox"/> Existing Equitable Life policy # _____ <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Other _____	

**Additional Forms Required**

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

For non-registered policies only: Each beneficiary that is an entity (corporation, trust, partnership or association) must complete the **Declaration of Tax Residence Section** on the Business Information Form (form #594) unless the policy was owned by an individual and was issued in Canada before July 1, 2014.

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Witness \_\_\_\_\_

**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.**

*(See reverse side for additional information.)*



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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 policy 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 policy is payable to the estate of the deceased:
  - The cheque will be made payable to the Estate of the deceased.
  
3. If the policy 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 Life 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.