

 **IMPORTANT**

- This form must be filled out by the designated beneficiary or, in the absence of a beneficiary, the executor.
- If the beneficiary is incapacitated or a minor, this form must be filled out by their guardian or representative.
- If there is more than one beneficiary, each must fill out a form.
- Death certificate must be attached to the completed form.
- You can send us copies of the documents for your claim. If we need the originals, we'll let you know.
- For deaths that occurred outside Canada or the United States, the originals are required.
- We won't send the originals back to you unless you ask us to in writing.

**For internal use**

Last name of first insured		First name of first insured	
FC No.		FSA No.	
Policy No.	Effective date	Sum insured \$	

**i We cannot settle this claim unless all questions are answered adequately.**

### A. Information about the deceased

Last name		First name		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address – No., street, apt.		City	Province	Postal code
Date of birth (YYYY-MM-DD)	Place of birth	Occupation		

Civil status of the deceased:

Single     Married     Joined in civil union     Common-law spouse     Widowed

Separated - if applicable, with judgement or agreement on (YYYY-MM-DD) \_\_\_\_\_

Divorced on (YYYY-MM-DD) \_\_\_\_\_

Name of surviving spouse: \_\_\_\_\_

Surviving children:    How many: \_\_\_\_\_    Age(s): \_\_\_\_\_

Surviving parent(s):     Father     Mother    Age(s): \_\_\_\_\_

Surviving brother(s) and sister(s):    How many: \_\_\_\_\_    Age(s): \_\_\_\_\_

Please answer the questions below and enter the date on which the document was produced (if applicable). Did the deceased have:

a will*? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____	a marriage contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____	an act of civil union? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____	a declaration of heridity*? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____
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\* See definition on page 4

1. Date of death (YYYY-MM-DD)	2. Place of death	3. Immediate cause of death
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4. a) When did the deceased begin to show signs of ill health?  
\_\_\_\_\_

b) When did the last illness of the deceased begin?  
\_\_\_\_\_

c) When was a physician consulted, for the first time, as to the last illness of the deceased?  
\_\_\_\_\_

5. When did the deceased go to work, for the last time, at his usual occupation  
\_\_\_\_\_

6. Name and address of all physicians who treated the deceased during the last two years  
\_\_\_\_\_

7. a) Did the deceased ever smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) When did the deceased start to smoke? (YYYY-MM-DD)	c) When did the deceased stop smoking? (YYYY-MM-DD)	d) Specify non-smoking periods (YYYY-MM-DD)
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8. Did the deceased hold other life insurance contracts  
 Yes     No    If yes, please provide the following:

a) with other companies

Name of life insurance companies	Date of policies	Policy numbers	Sums insured
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

b) with Desjardins Insurance:

- Loan insurance with a caisse or credit union:  Yes  No

If yes, name of the institution: \_\_\_\_\_

Transit No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

- Accirance, Personal Accident Insurance:  Yes  No

- Group insurance with employer:  Yes  No

If yes, name of employer: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Contract No.: \_\_\_\_\_

- Other:  Yes  No

If yes, please specify: \_\_\_\_\_

## B. Information about the claimant

Last name (or business name)	First name	Date of birth (YYYY-MM-DD)	10-digit telephone Nos. Home
Address – No., street, apt.	City	Province	Postal code
Occupation (or nature of business if an entity)			Work

Social insurance No. (Required so that any taxable interest paid to the beneficiary can be reported)	Email address
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In what capacity are you requesting payment of the death benefit?

- Designated beneficiary  Executor of the estate / Liquidator of the succession  Spouse  Trustee or guardian for the minor child

Other, please specify: \_\_\_\_\_

What is your relationship to the deceased?

- Current spouse  Separated spouse  Child  Parent  Other (friend, business partner, etc.) – please specify: \_\_\_\_\_

Which settlement option do you wish?

- Transfer in an annuity contract - policy number, if applicable \_\_\_\_\_  
 lifetime annuity\*  joint and survivor annuity\*  term certain annuity\*  continue annuity payments  lump sum settlement

\* See definition on page 4

**Direct deposit** – If you want your benefits to be deposited directly into your account, please include a void cheque.

## C. Declaration of claimant

I request payment of the policy proceeds and I agree that all written statements of any physician who has examined or treated the deceased, as well as any other supporting document, are an integral part of this claim. I certify that all the answers given above are complete and true.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of claimant Signature of witness Date (YYYY-MM-DD)

## D. Authorization for the collection and communication of personal information

For the sole purpose of determining insurability, managing files and processing claims, I authorize Desjardins Insurance or its reinsurers: (a) to collect from any individual, legal entity or public or parapublic organization only the personal information they have about the deceased that is needed to process the file. This information may be collected from third parties, including any health care professional or establishment, MIB, LLC, insurance and reinsurance companies, personal information brokers, investigation firms, the contract holder, his/her employer or his/her former employers; (b) to disclose to those individuals, legal entities or public or parapublic organizations only the personal information they have about the deceased that is needed to manage the file. Such information may include the deceased's will, death certificate, will search certificate, or beneficiary designation, if applicable; (c) to request, if applicable, an investigation report about the deceased and to use the personal information contained in other files it may have that are now closed; (d) to disclose to other insurers or reinsurers any information about the deceased that is relevant to determining his/her eligibility for insurance or for benefits. This authorization also applies to the collection, use and communication of personal information regarding the deceased's dependents, insofar as applicable to his/her claim. A photocopy of this authorization is as valid as the original.

**X** \_\_\_\_\_  
Signature of the beneficiary or the executor of the estate /  
liquidator of the succession Date (YYYY-MM-DD)

## DEFINITIONS

### **Declaration of heredity (Quebec only)**

In the absence of a will, this document is prepared by a notary and identifies the deceased and lists their marital status, matrimonial regime (if applicable) and heirs. It can also serve the secondary purpose of designating a liquidator. It is used by institutions such as banks, Desjardins caisses and insurance companies, as well as government authorities.

### **Joint and survivor life annuity**

Annuity paid to two or more people. Payments are made until the last person's death.

### **Life annuity**

Annuity paid to a person until their death.

### **Liquidator / Legal personal representative**

Person designated by the testator, by the court or, in certain provinces, by the heirs to liquidate a succession.

### **Will**

A revocable act in which a person (called a testator) determines how his or her property will be distributed upon death. Wills must meet the requirements for one of the will types recognized by law, i.e., holograph, in the presence of witnesses or notarial (Quebec only).

### **Will made in the presence of witnesses**

A will:

- written by the testator or a third party; and
- dated and signed by the testator or a third party, depending on the province, before 2 or more witnesses.

It must be probated upon the testator's death.

### **Notarial will (Quebec only)**

A will drawn up by a notary and signed by the testator, the notary and a witness. It does not need to be probated.

### **Holograph will**

An entirely handwritten will dated and signed by hand by the testator. No witness is necessary. This type of will must be probated upon the testator's death.

### **Term certain annuity**

Annuity paid for a pre-determined number of years or until a pre-determined age. Payments are made for the duration of that period whether or not the annuitant is still alive.

### **Testator**

Person who has made a will.