



## Claimant's Statement Guaranteed Investment Funds

See reverse side for instructions

1. Number(s) of each policy under which a claim is being made		
2. (a) Deceased's name in full  (b) Residence at death	(a)  (b)	Deceased's Social Insurance Number  □□□ □□□ □□□
3. Date and place of birth of deceased	Date	Place
4. Date of Death (Please attach newspaper clipping if available.)		
5. Place of Death		
6. Cause of Death		
7. Other life, annuity, health or accident insurance issued by Desjardins Financial Security	Policy No(s).	
8. (a) Have you reached the age of majority?  (b) In what capacity or by what title do you claim this insurance  (c) Are you entitled to the entire proceeds of this insurance?	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No  (b)  (c)	Claimant's Name (Please print)    Claimant's Social Insurance Number  □□□ □□□ □□□

I certify that the foregoing answers and statements are full and true to the best of my knowledge and belief and that I have withheld no material fact from the Company. I understand that the furnishing of forms by the Company is not an admission that there is any insurance in force.

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Postal Code

**In furnishing this or other claim forms for the convenience of the claimant, the Company does not admit any liability or waiver any of its rights.**

**Please do not hesitate to contact your Representative for any information or assistance in completing this form. Your representative will be glad to be of service to you without charge.**

## **Instructions**

### **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, all should join in completing the statement or, if desired, separate forms will be supplied.
- 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. A certified copy of Letters of Guardianship must be submitted.
- If any named beneficiary is deceased, proof of death of such beneficiary must be furnished.

### **If the policy is payable to the estate of the deceased**

- If the deceased left a Will, this statement should be completed by the executors under the Will and a notarial copy of the Will and Letters Probate must be furnished. In the Province of Quebec, Canada, there is no provision for probate of a Will which has been drawn in notarial form so a certified copy of the Notarial Will only is required.
- If the deceased did not leave a Will, this statement should be completed by the administrator of the estate and a notarial copy of Letters of Administration must be furnished. In Quebec, where Letters of Administration are not granted, this statement should be completed by the heirs of the deceased and a notarized declaration of heirship should be submitted.

### **If the policy is assigned**

- This statement should be completed by the assignee as well as the beneficiary. Payment will be made Jointly to the beneficiary and the assignee.

### **S.I.N.**

This number should be the claimant's Social Insurance Number as it may be required for the reporting of any taxable income paid to the claimant. If the claimant has never been assigned a number, the words "No Number" should be entered into this space. If the estate of the deceased is the claimant, the number to be entered is the deceased's Social Insurance Number.

### **Payment Instructions**

Instructions signed by the claimant regarding the method of payment should be submitted with this form.