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INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

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IA PACIFIC™

DEATH CLAIM

CLAIMANT'S STATEMENT (Simplified version)

Used for claims of $50,000 or under for contracts of more than 10 years

1. Authorized Agent	Agency	Code	S.U.

INFORMATION CONCERNING THE DECEASED

2. Contract(s)	**3.** Amount	**4.** Plan	**5.** Last name		
			6. First name		
			7. No.	**8.** Street	**9.** Apt.
			10. City		**11.** Province
			12. Postal code	**13.** Social Insurance Number	**14.** Date of birth Y M D

15. Cause of death

16. Date of death Y M D

17. MARITAL STATUS OF DECEASED

☐ Single ☐ Married ☐ Widowed

☐ Common Law spouse, since _____

OR

MARRIED BUT AT TIME OF DEATH:

☐ Divorced since _____ ☐ Marriage annulled

☐ Legally separated since _____ ☐ Separated in fact only

INFORMATION CONCERNING THE CLAIMANT (Read instructions on the following page)

18. Last and first name	**19.** Relationship to deceased	**20.** Date of birth Y M D	**21.** Social Insurance Number

22. Address No. Street Apt. City Province Postal code

23. In what capacity are you submitting this claim?

☐ Beneficiary ☐ Estate ➔ Payment will be made to the estate.

24. I request that the settlement be

☐ transferred to contract _____ (application enclosed) ☐ paid in a lump sum (cheque).

I declare that the information provided in this claim is accurate and any statements provided in any personal or telephone interview concerning this claim will be true and complete. I agree that all such statements form the basis for any benefit approved as the result of this claim.

Witness	Claimant	Date
Address of witness	Address of claimant	Date

Home phone no. Work phone no.

Please read the instructions on the overleaf for certain special circumstances:

- More than one beneficiary
- Beneficiary is a minor
- Death of the owner of the policy
- Assignment

This form could be faxed to open a file:
Quebec: 418 684-5242
Toronto: 416 204-4777
Vancouver: 604 733-9519

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INSTRUCTIONS

The form must be signed by the beneficiary. When there is more than one beneficiary, the form may be signed by only one of the beneficiaries, but you must indicate the addresses and social insurance numbers of each beneficiary on a separate sheet. A cheque will be issued to each beneficiary, unless you advise us to make a single cheque for all beneficiaries.

When the beneficiary designation is "legal heirs", or "estate", the executor or the administrator of the estate (Common Law Provinces) or the liquidator of the estate (Quebec) or one of the heirs must sign the form and the cheque will be made to the estate.

If any of the beneficiaries are minors, the form must be completed by the tutor (Quebec) or by a designated trustee (other provinces). Attach a birth certificate for minor beneficiaries and indicate the parents' names and addresses. The payment will be made according to applicable legislation.

If the insured amount has been fully or partially assigned, the benefit will be paid jointly to the assignee and the beneficiary. If the assignment is no longer in effect, send us a copy of the release or retrocession.

To obtain further information concerning the form or your claim, please contact your representative or the Claims Department.

Note – Use form F37-14A for a death claim involving an individual annuity contract.

For a contract insuring several lives, if the deceased is the owner of the contract and no contingent owner has been designated, the declaration below must be completed.

DECLARATION

I, _____, residing

at number _____ street _____ in _____

declare the following:

1. _____ died at _____

on _____ at the age of _____

2. I am the _____ of the deceased.
(widower, widow, brother, sister, etc.)

3. The deceased was ❑ owner of } policy no(s). _____
issued by **Industrial Alliance Insurance and Financial Services Inc.**

4. The deceased left the following testamentary disposition(s):

a) A will ❑ Yes – **Please enclose a copy of the will.** ❑ Notarized ❑ English form ❑ Holograph
After having made a thorough search, I submit the enclosed document as the last will of the deceased person.
❑ No – Complete Section 5

b) A marriage contract ❑ Yes – **Please enclose a copy** of the contract **and** complete Section 5
❑ No

If the answers to 4a) and 4b) were **negative**, complete Section 5.

5. Spouse's name _____ ❑ Legally married ❑ Common Law spouse

Spouse's date of birth: Y M D

Did the deceased have any children? ❑ Yes – Complete Section 6 ❑ No – Complete Section 7

6. Children's last and first names

_____ Born on: Y M D _____ Born on: Y M D

_____ Born on: _____ Born on:

_____ Born on: _____ Born on:

7. Relatives:

LIVING		Next	DECEASED	
Name	Age	of kin	Name	At age
		Father		
		Mother		
		Brothers/Sisters		
		Brothers/Sisters		

I declare that these answers are true and I understand that the declaration is made for the purpose of transferring ownership of the contract.

Signed at _____

this _____ day of _____ 20 _____ _____
Signature

_____
Witness

_____
Address