

Claimant's Statement for Investment Products

TO BE COMPLETED BY BENEFICIARY

Policy Number(s): _____

Full name of deceased: _____ Date of death: _____
(DD/MM/YYYY)

Cause of death: _____ Date of birth: _____
(DD/MM/YYYY)

Place of death: (If hospital or institution, give name) _____

Claimant's information

PLEASE PRINT

ALL FIELDS BELOW MUST BE COMPLETED IN FULL FOR NON-REGISTERED POLICIES - EACH BENEFICIARY MUST COMPLETE A SEPARATE CLAIMANT STATEMENT.

Claimant's name: _____ S.I.N.: _____ Date of birth: _____
(DD/MM/YYYY)

Address: _____

City _____ Province: _____ Postal Code: _____

Home phone: _____ Mobile phone: _____ Business phone: _____

Occupation: _____ In what industry are you employed?*

Email address: _____

Identification document†: _____ Identification document number†: _____

Document expiry date (MM/YYYY): _____ Issuing jurisdiction and country: _____

Relationship to deceased: _____

†Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in AB, PEI, ON and MB), driver's licence or Age of Majority.

*For a list of valid industries refer to <https://ivari.ca/tools-and-resources/administration/> and search for form number (IP-LP1971).

Settlement instructions

Purchase a SPIA (Single Premium Immediate Annuity) Policy with ivari (attach completed application IP-NB151)

Transfer to another carrier (Transfer forms attached)

Lump sum (provide a pre-printed personalized void cheque for payment to be made by EFT)

Continuation of scheduled payments for a SPIA policy (if applicable) or RRIF policy with a named successor annuitant – Please provide a pre-printed personalized void cheque for payments to be made by EFT.

Other: _____

The identity of all beneficiaries (and trustees on behalf of beneficiaries) must be verified by ivari where the benefit payable for each beneficiary is \$10,000 or more for any non-registered policy. If the policy for which you are making your claim and the amount payable to you meets this criteria, by signing below, you consent to ivari verifying your identity through a third-party service provider (such as a credit bureau agency) and ivari's collection, use and maintenance of your information for the following purposes.

Your information will be collected, used and maintained by ivari only for purposes of contract administration and to satisfy ivari's obligations under applicable laws.

Sign here

Signature of Witness

Sign here

Claimant's signature

Date: (DD/MM/YYYY) _____

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

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