

## Claimant's Statement for Life Insurance Claims

### 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) \_\_\_\_\_

Did the deceased, to your knowledge, ever smoke or use tobacco, tobacco cessation or marijuana products? Yes No Unknown

If **"yes"**, how long did the deceased smoke, use tobacco, tobacco cessation or marijuana products? \_\_\_\_\_

If **"yes"**, did the deceased ever stop smoking? Yes No Unknown

If **"yes"**, when? \_\_\_\_\_ If **"yes"**, for how long? \_\_\_\_\_

Please state what other life insurance the deceased carried.

Name of company: \_\_\_\_\_ Amount: \_\_\_\_\_ Date of issue: \_\_\_\_\_  
(DD/MM/YYYY)

Name of Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Names and addresses of all physicians who attended the deceased in the past 5 years.

NAME	ADDRESS	DATE (DD/MM/YYYY)	REASON

Names and locations of all hospitals or institutions where the deceased was treated in the past 5 years.

HOSPITAL OR INSTITUTION	CITY OR TOWN	DATE (DD/MM/YYYY)

**Claimant's information** **ALL FIELDS BELOW MUST BE COMPLETED IN FULL**

Claimant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

**Residential address:** (P.O. Boxes and General Delivery not accepted as residential address)

Address			Apt./suite #
City	Province/territory/state	Country*	Postal/zip code
Home phone	Mobile phone	Business phone	
Email address	Occupation	In what industry are you employed?**	
Identification document <sup>†</sup>	Identification document number <sup>†</sup>	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

In what capacity or what title do you claim the insurance proceeds? (eg. *named beneficiary, executor or assignee*)

Relationship to deceased: \_\_\_\_\_ Proceeds will be paid in lump sum.

<sup>†</sup>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 countries outside of Canada, complete the Declaration of Tax Residency on the following page.

\*\*For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

The undersigned hereby authorizes any physician, practitioner, hospital or other institution, insurer or other organization or persons having any records, data or information concerning \_\_\_\_\_ to furnish such records, data or information to ivari or its authorized representative as requested, or testify to any information thus acquired, any provision of the law to the contrary notwithstanding. A photocopy of this authorization shall be as valid as the original.

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 universal life 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.

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

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

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.

Declaration of tax residency

We would like to remind you that if we do not receive a response from you, ivari will be required to report your policy to CRA as an incident of undeclared information in accordance with the *Income Tax Act* (ITA). In addition, you may be subject to a penalty from CRA under subsection 281(3) and subsection 162(6) of the ITA for each failure to provide self-certification information to ivari.

Please answer the following three statements. Depending on your situation, you may answer “yes” to more than one.

- a) I am a tax resident of Canada. Yes No
- b) I am a tax resident or a citizen of the United States. Yes No

If “yes,” to statement b), provide your Taxpayer Identification Number (TIN) from the United States: \_\_\_\_\_

The U.S. Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique nine-digit number, assigned by the U.S. Government to an individual or entity, that is a specified U.S. person and used to identify the individual or entity for purposes of administering U.S. tax laws. Here are the acceptable examples, Individual Taxpayer Identification Number (TIN), Employer Identification Number (EIN) and Social Security Number (SSN).\*\*\*

- c) I am a tax resident in a country other than Canada or the United States. Yes No

If “yes,” to statement c), provide your country of tax residence and Taxpayer Identification Numbers (TIN):

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN) OR ACCEPTABLE EQUIVALENT

A foreign Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique combination of letters or numbers, assigned by a jurisdiction to an individual or entity and used to identify the individual or entity for purposes of administering the tax laws of the specific jurisdiction. Here are the acceptable examples, Social Security Number (SSN), Non-Canadian Social Insurance Number (SIN), Citizen identification number, Personal Identification Number (PIN), Service code/number, Resident registration number and Business/company registration code/number.\*\*\*

\*\*\*For more information, please refer to “Enhanced financial account information reporting” found on the CRA website.

Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari’s Privacy Policy, available at [ivari.ca](http://ivari.ca), tells you how ivari will handle your personal information as a Claimant. It also tells you about rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating any forms you submit in the future about insurance policies in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

We collect personal information when required as part of our claims analysis. We may also collect personal information from external sources such as health care facilities or providers, investigative agencies and/or consumer and credit reporting agencies, and others.

It is optional to provide your Social Insurance Number (SIN) on this form. However, if you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions if requested in the future (as required by tax legislation). If you decide to provide your SIN, then we may also use it as necessary for the purposes described in this Privacy Notice or our Privacy Policy.

**When required, ivari may share your personal information with trusted third parties**, including service providers retained by ivari to assist in administering ivari policies, ivari's reinsurers; your financial institution, your independent insurance advisor and their supporting associates.

**It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.**

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: [privacyoffice@ivari.ca](mailto:privacyoffice@ivari.ca).**

**You can see ivari's full Privacy Policy online at [ivari.ca](http://ivari.ca). Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.**

#### CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on **[ivari.ca](http://ivari.ca)**.
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.
3. If I am giving my consent on behalf of one or more minor beneficiary(ies) (under the age of 18 years in Quebec or under the age of 16 years in all other provinces) to the points above, then I represent that I have authority to consent on behalf of the minor beneficiary(ies).

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Signature of **Claimant**

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#### Certification

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this form.
- The information provided in this form is current, correct and complete.
- I have read and fully understood the contents of this form, and I acknowledge and agree to its terms.

I certify that the information given in the Declaration of tax residency section is correct and complete. I agree to immediately notify ivari of any errors, omissions or changes in the information provided in this section. As the Beneficiary, I acknowledge that I have an obligation under the *Income Tax Act* to notify ivari of any changes in my tax residency status. I acknowledge that the information contained in this section and information provided may be reported to Canada Revenue Agency (CRA).

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Signature of Claimant

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Claimant's name

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Date: (DD/MM/YYYY)

## Instructions

*Please feel free to ask an Agent for information or assistance in completing the Claim forms. They will be glad to do anything they can to help you without charge.*

### COMPLETING THE CLAIMANT'S STATEMENT

#### 1 If the policy is payable to a named beneficiary

- a) This statement should be completed by the named beneficiary. If any named beneficiary is a minor, this statement should be completed on behalf of the minor beneficiary, by the legal guardian or other person authorized by law to deal with the minor's property. A certified copy of the Letters of Guardianship of the Estate of the minor must be submitted.
- b) If one claimant is making claim under two or more policies, he need only complete one Claimant's Statement indicating all policies for which a claim is being made.
- c) For non-UL policies, if there are two or more beneficiaries, any one of them may complete the Claimant's Statement on behalf of all beneficiaries in which case the full name and address of each beneficiary must be provided.
- d) For UL policies where the individual benefit amount to each beneficiary is \$10,000 or more, each beneficiary must complete a separate Claimant's Statement ensuring that all sections of the form are completed.
- e) For UL policies where the individual benefit amount is \$100,000 or greater to each beneficiary, the **Politically Exposed Foreign Persons and/or Heads of International Organizations (Claims only) form (CL2110)** must be completed.
- f) If any named beneficiary is deceased, proof of death of such beneficiary must be furnished.

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

- a) If the deceased left a Will, this statement should be completed by the Executors of the Will and a notarized copy of the Will and Letters of Administration (Letters Probate) must be furnished. In the province of Quebec, 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. However, if the Will is English Form or Holograph (hand-written), it must be probated.
- b) If the deceased did not leave a Will, this statement should be completed by the Administrator of the Estate and a notarized copy of the Letters of Administration without a Will 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 Declaration regarding Heirs must be submitted.

#### 3 If the policy is assigned and no release is received

If the policy has been assigned absolutely both in form and in fact, the Claimant's Statement is to be completed by the assignee. If collaterally assigned, the Claimant's Statement is to be completed by both the beneficiary and assignee. Upon approval of claim, payment will be made by a cheque payable jointly to the beneficiary and assignee, unless otherwise directed by both parties.



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-855-806-5057 • [claimsdepartment@ivari.ca](mailto:claimsdepartment@ivari.ca)



**The fastest and easiest way to send us your completed and signed forms is through our online tool, *Send documents* on [ivari.ca](http://ivari.ca). By using this tool, forms are sent instantly and securely.**

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