

## Questions to be Posed when a Spouse Claims as Beneficiary

Deceased Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**1** Give the date and place of your marriage to the Insured/Policy Owner.

Date: (DD/MM/YYYY) \_\_\_\_\_

Place: \_\_\_\_\_

**2** Were proceedings in divorce or annulment of marriage ever instituted between you and the Insured/Policy Owner?

Yes No

**3** If **yes**, give details and submit copy of any final judgement.

---

---

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

Name \_\_\_\_\_

Telephone number \_\_\_\_\_



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.