

Affidavit

CANADA PROVINCE OF _____

COUNTY (or district) of _____

I/WE, _____ the person(s) executing this affidavit,
 herein called Affiant(s), do jointly and severally make oath and say that:

1 _____, herein called the Decedent, who resided at
 _____ died on _____ .
(DD/MM/YYYY)

2 The Decedent did not leave a Will, and no executor or administrator has been or will be appointed for the Decedent's estate.

3 The only surviving heir(s) of the Decedent's immediate family (spouse and children) is/are listed below:

Note: All surviving heirs must sign the affidavit. Where an heir is a minor, their parent or guardian can sign on their behalf

NAME	RELATIONSHIP	AGE	ADDRESS

4 All debts of the Decedent including funeral expenses, medical and hospital bills and all other debts of whatever nature have been paid.

5 The Affiant(s) is/are the only person(s) having an interest in the property of the Decedent, which property includes
 Policy no. _____ issued or assumed by ivari on the life of _____ .

6 This Affidavit is made to induce ivari to recognize _____
 as the owner of Policy no. _____ and to permit such Affiant to exercise all rights under this policy. The Affiant(s) hereby
 request(s) that such policy be transferred or assigned to the Affiant _____ .

7 The Affiant(s) hereby irrevocably and unconditionally covenant and agree, at all times, promptly to indemnify and save harmless
 ivari and its affiliates and their respective successors and assigns (ivari and such affiliates, successors and assigns being collectively
 referred to as the "Indemnitees"), and each of them, from and against any and all claims, demands, actions, causes of action,
 liabilities, losses, damages, costs and expenses whatsoever (including, but not limited to, legal and investigation fees and
 disbursements), which may be made or brought against any of the Indemnitees or which any of the Indemnitees may suffer or incur
 based upon, arising out of or in any way connected with (a) any misrepresentation contained in this Affidavit, (b) any reliance made
 by any of the Indemnitees on any statement made in this Affidavit, or (c) any compliance by any of the Indemnitees with any request
 contained in this Affidavit or otherwise submitted by any Affiant(s) in connection with the said policy. If more than one Affiant signs
 this Affidavit, the obligations of such Affiants under this paragraph shall be joint and several.

Affidavit

SEVERALLY SWORN before me at the _____ of _____,
in the _____ of _____,
this _____ day of _____, 20 _____.

Commissioner for Taking Affidavits.

or _____

A Notary Public in and for the province of _____.

Signature of first Affiant

Signature of second Affiant

Signature of third Affiant

Signature of fourth Affiant

Signature of fifth Affiant



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970



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