



## Notice of death claimant's form

Return to Group Retirement Services

### EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor

Policy/plan number

### MEMBER INFORMATION (please print)

Last name

Initial

First name

Certificate

### TO BE COMPLETED BY THE PERSON OR PARTY CLAIMING PROCEEDS (CLAIMANT)

In what capacity are you claiming?  Spouse  Beneficiary  Executor/trustee  Legal Guardian  
(other than spouse)

An **original** of one of the following documents is required. Please indicate which you are attaching:

Funeral Director Statement  Death Certificate

Date of death:

\_\_\_\_\_   
 yyyy mm dd

Birthdate of deceased:

\_\_\_\_\_   
 yyyy mm dd

Social Insurance Number of  
deceased:

- -

Permanent address of deceased on date of death: (street address, city, province and postal code)

Place of death (city, province and country)

Cause of death

### COMPLETE EITHER A OR B BELOW

#### (A) TO BE COMPLETED IF CLAIMANT IS THE SPOUSE OR BENEFICIARY

Last name

Initial

First name

Address of beneficiary: (street address, city, province and postal code)

Birthdate of beneficiary:

\_\_\_\_\_   
 yyyy mm dd

Social Insurance Number of  
beneficiary:

- -

Relationship of beneficiary to  
deceased:

**FUNDS ORIGINATING FROM REGISTERED PENSION PLANS ONLY: If the deceased had a spouse at the time of death, most provinces deem the spouse to be the beneficiary regardless of the member's beneficiary designation. If the spouse has waived entitlement to the death benefit, please attach a copy of the waiver. If applicable a Marital Declaration Form will be required and will be forwarded for completion before funds are released.**

#### (B) TO BE COMPLETED IF CLAIMANT IS THE ESTATE OR TRUSTEE OF THE DECEASED

Name of claimant

Address of claimant: (street address, city, province and postal code)

### A PACKAGE OUTLINING PROCEEDS & OPTIONS AVAILABLE WILL BE PROVIDED TO THE CLAIMANT

Date

Signature of Claimant