



Claimant's form – notice of death

Return to Canada Life, Group Retirement Services

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
-------------------------------	--------------------

DECEASED MEMBER INFORMATION

Last name	Initial	First name	Certificate
Date of death	Date of birth		Social insurance number
yyyy mm dd	yyyy mm dd		- -

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

Place of death (city, province and country)

Provide an original of one of the below documents.

- Funeral director statement
 Death certificate
 Notarized death certificate

CLAIMANT INFORMATION

In what capacity are you claiming?

- Spouse*
 Beneficiary (other than spouse)
 Executor/trustee of deceased
 Trustee/legal guardian of minor or person lacking legal capacity

*NON-LOCKED REGISTERED PLANS (RRSP & DPSP)

By selecting spouse you declare that you meet the definition of a spouse according to the Federal Income Tax Act which is: in relation to the deceased, you were married; or if you were not married you were cohabitating in a conjugal relationship for a period of at least one year or if less than one year, you are the parent of a child with whom the deceased was also a parent.

REGISTERED PENSION PLAN FUNDS or LOCKED-IN FUNDS ORIGINATING FROM REGISTERED PENSION PLANS:

If the deceased had a spouse at the time of death, most provinces deem the spouse/common-law partner 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.

Please complete either A, B or C below:

(A) CLAIMANT IS THE SPOUSE OR DESIGNATED BENEFICIARY

(If designated beneficiary is a minor or person lacking legal capacity, proceed to section B)

Last name	Initial	First name	Relationship to deceased
Address (street address, city, province and postal code)			
Date of birth	Social insurance number		Telephone number
yyyy mm dd	- -		- -

Date

Signature of claimant

Contact information 1-800-724-3402 or mycanadalifeatwork.com

Canada Life, My Canada Life at Work and design are trademarks of The Canada Life Assurance Company

(B) CLAIMANT IS TRUSTEE/LEGAL GUARDIAN FOR BENEFICIARY WHO IS A MINOR OR PERSON LACKING LEGAL CAPACITY

Last name of beneficiary	Initial	First name	Relationship to deceased
Address of beneficiary (street address, city, province and postal code)			
Date of birth of beneficiary	Social insurance number of beneficiary		Telephone number of beneficiary
yyyy mm dd	- -		- -

Date **Signature of claimant** (trustee or legal guardian of beneficiary)

(C) CLAIMANT IS EXECUTOR OR TRUSTEE OF THE ESTATE OF THE DECEASED

Last name of claimant	Initial	First name	Relationship to deceased
Address of claimant (street address, city, province and postal code)			
Telephone number			
- -			

Date **Signature of claimant** (Executor or trustee of estate)