

## Claimant's form – notice of death

Return to Great-West Life, Group Retirement Services  
255 Dufferin Avenue, T540, London, On N6A 4K1

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

### EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor <b>ARCHDIOCESE OF VANCOUVER</b>	Policy/plan number <b>35169</b>
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### DECEASED MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate
Date of death yyyy mm dd	Date of birth yyyy mm dd		Social insurance number - -
Permanent address on date of death: (street address, city, province and postal code)			

Place of death (city, province and country)

An **original** of one of the following documents is required:

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 yyyy mm dd	Social insurance number - -		Telephone number - -

Date \_\_\_\_\_ Signature of claimant

#### (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 yyyy mm dd	Social insurance number of beneficiary - -		Telephone number of beneficiary - -

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)			

Date \_\_\_\_\_ Signature of claimant (Executor or trustee of estate)