

What documents are required?

Basic Life Insurance	<ul style="list-style-type: none"> • Employer's Statement (Form No. 12123E) • Claimant's Statement (Form No. 02227A) • Death certificate or funeral director's statement of death
Optional Life Insurance (if included in the contract)	<ul style="list-style-type: none"> • Employer's Statement (Form No. 12123E) • Claimant's Statement (Form No. 02227A) • Death certificate or funeral director's statement of death • Physician's Statement (Form No. 14153E)
Accidental Death and Dismemberment Insurance (if included in the contract)	<ul style="list-style-type: none"> • Employer's Statement (Form No. 12123E) • Claimant's Statement (Form No. 02227A) • Death certificate or funeral director's statement of death • Physician's Statement (Form No. 14153E) • Police report or accident report • Coroner's findings or autopsy report

You can send us copies of the documents for your claim. If we need the originals, we'll let you know. Please return the requested information online at www.desjardinslifeinsurance.com/send.

For deaths that occurred outside Canada or the United States, the originals are required.

We won't send the originals back to you unless you ask us to in writing.

Who should fill out the Claimant's Statement?

All provinces or territories – except Quebec	
Adult beneficiary	<p>Beneficiary</p> <p>If there's more than one beneficiary, they each have to fill out a Claimant's Statement.</p>
Minor beneficiary	<p>Person named on the beneficiary designation to receive the money on behalf of the minor.</p> <p>If no such person has been named: the guardian of property (attach a copy of the order) or according to provincial or territorial regulations.</p>
Incapacitated beneficiary	<p>Agent or Attorney with Power of Attorney</p> <p>Provide a copy of the Power of Attorney</p>
Estate	<p>Estate executor (estate trustee)</p> <p>If any of the insurance coverages listed under "What documents are required?" have been in force for less than 10 years, or if the total insurance amount you're claiming is more than \$100,000, provide:</p> <ul style="list-style-type: none"> - A copy of the will - A copy of the Certificate of Appointment of Estate Trustee, also called Letters of Probate or Letters of Administration depending on the province or territory and the type of estate.

Quebec	
Adult beneficiary	Beneficiary If there's more than one beneficiary, they each have to fill out a Claimant's Statement.
Adult beneficiary (plan member's ex-spouse)	Beneficiary Provide a copy of the divorce judgment including the accessory measures and a copy of the will, if applicable.
Minor beneficiary	One of the parents (legal tutors) Provide a copy of the child's birth certificate that includes the parents' names.
Incapacitated beneficiary	Mandatory Provide a copy of the proof of homologation of the protection mandate by the court.
Succession	Liquidator of the succession The liquidator of the succession can fill out the Claimant's Statement only if the succession is designated as the beneficiary. If any of the insurance coverages listed under "What documents are required?" have been in force for less than 10 years, or if the total insurance amount you're claiming is more than \$100,000, provide one of the following: - A copy of the notarized will - A copy of the holograph will or will made in the presence of witnesses and a copy of the proof of homologation of this will by the court.
Succession with no will	Liquidator of the succession If any of the insurance coverages listed under "What documents are required?" have been in force for less than 10 years, or if the total insurance amount you're claiming is more than \$100,000, provide a copy of the marriage contract. If there's no marriage contract, provide: - A copy of the proof of will search - A copy of the Declaration of heredity - A copy of the Notice of appointment of liquidator

 **We may request additional documents once we've reviewed your claim.**

 **To contact us: 1-877-938-8191**

DEFINITIONS

Declaration of heredity (Quebec only)

In the absence of a will, this document is prepared by a notary and identifies the deceased and lists their marital status, matrimonial regime (if applicable) and heirs. It can also serve the secondary purpose of designating a liquidator. It is used by institutions such as banks, Desjardins caisses and insurance companies, as well as government authorities.

Liquidator of the succession / Executor of the estate / Administrator appointed by the court

Person designated by the testator, by the court or, in certain provinces, by the heirs to liquidate a succession.

Will

A revocable act in which a person (called a testator) determines how his or her property will be distributed upon death. Wills must meet the requirements for one of the will types recognized by law, i.e., holograph, in the presence of witnesses or notarial (Quebec only).

Will made in the presence of witnesses

A will:

- written by the testator or a third party; and
- dated and signed by the testator or a third party, depending on the province, before 2 or more witnesses.

It must be probated upon the testator's death.

Notarial will (Quebec only)


A will drawn up by a notary and signed by the testator, the notary and a witness. It does not need to be probated.

Holograph will

An entirely handwritten will dated and signed by hand by the testator. No witness is necessary. This type of will must be probated upon the testator's death.

Testator


Person who has made a will.

 **We cannot settle this claim unless all questions are answered adequately.**

Employee last name		Employee first name	
Name of employer			Occupation
Contract/Group No.	Account/Division No.	Class	Identification/Certificate No.

A. Information about the deceased

Last name		First name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (YYYY-MM-DD)	Was the deceased: <input type="checkbox"/> the insured <input type="checkbox"/> the spouse <input type="checkbox"/> a dependent child	
Address - No., Street		City	Province		Postal code		
1. Date of death (YYYY-MM-DD)		2. Place of death		3. Cause of death			
4. Name and address of all physicians who treated the deceased during the last two years						5. Was the death a result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Was it a suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No				7. Has there been a coroner's inquest into the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. a) Did the deceased ever use tobacco in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No		b) When did the deceased start smoking? (YYYY-MM-DD)		c) When did the deceased stop smoking? (YYYY-MM-DD)		Specify any non-smoking periods	
9. Did the deceased hold other life insurance contracts with Desjardins Insurance or with a Desjardins caisse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:							
Account number if Desjardins caisse		Name of product		Contract/policy number		Identification/certificate number	

 **For Quebec employees only**

Civil status of the deceased:

Single Married Joined in civil union Common-law spouse Widowed

Separated - if applicable, with judgement or agreement on (YYYY-MM-DD) _____

Divorced on (YYYY-MM-DD) _____

Please answer the questions below and enter the date on which the document was produced (if applicable). Did the deceased have:

a will*? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____	a marriage contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____	an act of civil union? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____	a declaration of heridity*? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (YYYY-MM-DD) _____
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dependent children? Yes No If yes, indicate the number of children and their age: _____

* We've explained what this document is on page 2.

B. Identification of claimant

Last name	First name	Date of birth (YYYY-MM-DD)	10-digit telephone Nos. Home
Address - No., Street	City	Province	Postal code
Social insurance No. (Required so that any taxable interest paid to the beneficiary can be reported)			Work
			Email address

In what capacity are you requesting payment of the death benefit?

- Designated beneficiary Executor of the estate / Liquidator of the succession Spouse Trustee or guardian for the minor child
 Other, please specify:

DIRECT DEPOSIT – If you want your benefits to be deposited directly into your account, please include a void cheque.

DECLARATION – I declare that the information provided above is complete and true.

X _____ Date (YYYY-MM-DD)
Signature of claimant

C. Authorization to collect and communicate personal information

For the sole purpose of determining insurability, managing files and processing claims, I authorize Desjardins Insurance or its reinsurers: a) to collect from any individual, legal entity or public or parapublic organization only the personal information they have about the deceased that is needed to process the file. This information may be collected from third parties, including any health care professional or establishment, MIB, Inc., insurance and reinsurance companies, personal information brokers, investigation firms, the contract holder, his/her employer or his/her former employers; b) to disclose to those individuals, legal entities or public or parapublic organizations only the personal information they have about the deceased that is needed to manage the file. Such information may include the deceased's will, death certificate, will search certificate, or beneficiary designation, if applicable; c) to request, if applicable, an investigation report about the deceased and to use the personal information contained in other files it may have that are now closed; d) to disclose to other insurers or reinsurers any information about the deceased that is relevant to determining his/her eligibility for insurance or for benefits. This authorization also applies to the collection, use and communication of personal information regarding the deceased's dependents, insofar as applicable to his/her claim. A photocopy of this authorization is as valid as the original.

X _____ Date (YYYY-MM-DD)
Signature of the beneficiary or the executor of the estate /
liquidator of the succession