beneva

Death

Claimant's statement

Beneva Inc., 1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0bB9

INSTRUCTIONS

1. Fill out the Claimant's statement, sign and date.
2. Fill out the payment option.

Policy no.

1. Identification of the deceased person

Surname and first name

Date of birth (Y Y Y Y M M D D)

Marital status at death: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address at time of death

Previous address if less than two years

2. Information on the deceased person

1. Does the person have children? ☐ Yes ☐ No
2. Date of death (Y Y Y Y M M D D)
3. Place of death

4. Was death due to:
   ☐ an accident ☐ a murder ☐ suicide ☐ natural causes
5. Describe it briefly

6. Was there an investigation? ☐ Yes ☐ No
7. Was there an autopsy? ☐ Yes ☐ No

8. If yes, indicate by whom and provide the observations

9. Did the person have a marriage contract? ☐ Yes ☐ No
10. Did the person leave a will? ☐ Yes ☐ No
11. When did the deceased person began to show symptoms of poor health? (Y Y Y Y M M D D)

12. When did the final illness begin? (Y Y Y Y M M D D)
13. What is the date of the first medical visit for the final illness? (Y Y Y Y M M D D)

14. Was the deceased person treated or hospitalized over the last three years?

Names of physicians or hospitals	Date	Reason
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	

15. Name and address of the family physician

16. Indicate any other insurance policies on the life of the deceased person

Names of companies	Dates of policies	Amounts
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	

3. Tobacco use

1. Did the deceased person use tobacco? ☐ Yes ☐ No
2. If not, did the person smoke previously? ☐ Yes ☐ No
3. If yes, on what date did the smoking end? (Y Y Y Y M M D D)

Please complete your statement on the other side of this form.

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4. Identification of the claimant

Surname and first name _____ Date of birth (Y Y Y Y M M D D) _____ Relationship with the deceased person

Address _____ Telephone _____

City _____ Province _____ Postal code _____

On what basis are you making this claim ☐ Beneficiary ☐ Liquidator ☐ other: _____

I, the undersigned, hereby certify that the answers to the questions above are recorded correctly and that they are full, complete and truthful, to the best of my knowledge. I state that they have the same value as if they were made under oath.

X _____ (Y Y Y Y M M D D) _____ **X** _____

Witness's signature — Date — Claimant's signature

5. Death benefit payment option (Where applicable, each beneficiary selects one of three options)

IMPORTANT:
The transfer of all or part of the death benefit to a registered annuity contract must be done by a financial security advisor. An analysis of your needs and your investor profile will help obtain investment solutions that are adapted to your objectives.

BENEFICIARY 1

☐ I request a lump-sum payment by cheque;
☐ I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with Beneva Inc.;
☐ I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with Beneva Inc. as follows:

Amount payable by cheque to me: $ _____ or _____ % Amount transferred to a registered annuity contract: $ _____ or _____ %

X _____ (Y Y Y Y M M D D) _____

Signature of the beneficiary — Date of the signature

BENEFICIARY 2

☐ I request a lump-sum payment by cheque;
☐ I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with Beneva Inc.;
☐ I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with Beneva Inc. as follows:

Amount payable by cheque to me: $ _____ or _____ % Amount transferred to a registered annuity contract: $ _____ or _____ %

X _____ (Y Y Y Y M M D D) _____

Signature of the beneficiary — Date of the signature

BENEFICIARY 3

☐ I request a lump-sum payment by cheque;
☐ I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with Beneva Inc.;
☐ I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with Beneva Inc. as follows:

Amount payable by cheque to me: $ _____ or _____ % Amount transferred to a registered annuity contract: $ _____ or _____ %

X _____ (Y Y Y Y M M D D) _____

Signature of the beneficiary — Date of the signature

If there are more than three named beneficiaries, please attach an additional sheet to indicate the desired payment option of the death benefit.