

PRENEED DEATH CLAIM/CANCELLATION FORM

Important Notes:

- For a Death Claim Benefit **all sections** of this form must be completed and submitted with a copy of a Funeral Director's Proof of Death Certificate.
- For a cancellation, complete sections **A, B, D and E**.
- For a cancellation of your policy, a portion or all the cash value (if any) may be taxed as income, which may increase your taxable income for the year. We strongly urge you to contact a tax expert regarding possible tax consequences before you surrender this policy.
- A cancellation will terminate all protection provided under your policy stated below.
- If this policy has been assigned to a Funeral Home, other than the one performing the service, you must have that Funeral Home sign this form under the assignee section.

Section A - Request

Certificate Number:

Death Claim Benefit Date of Death (DD/MMM/YYYY) _____

Cancellation

Section B - Information about the Annuitant, Insured, or Policy Owner

Name of Annuitant/Insured			Date of Birth (DD/MMM/YYYY)	
Name of Policy Owner (if different from the Annuitant or Insured)			SIN of the Policy Owner (for tax reporting purposes) - -	
Address (Street, Apt., R.R.)		City	Province	Postal Code
Phone No.	Email address			

Section C - Information about the Performing Funeral Home

Funeral Home Name					
Address (Street, Apt., R.R.)			City	Province	Postal Code
Phone No.	Fax No.	Email Address			

Section D - Payment Options

Direct Deposit to: Funeral home Policy Owner Other _____

For direct deposits, submit the void cheque or direct deposit form.

Mail Cheque to: Funeral home Policy Owner Other (provide name and address below)

Name (first name, last name)					
Address (Street, Apt., R.R.)			City	Province	Postal Code

Section E - Signatures

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Authorized Representative for Performing Funeral Home X	
		Assignee (if applicable) X	
		Policy Owner #1 (for cancellation only) X	
		Policy Owner #2 (for cancellation only) X	