

BMO Guaranteed Investment Funds

CLAIMANT'S STATEMENT – PROOF OF DEATH
THIS FORM MUST BE FULLY COMPLETED FOR YOUR CLAIM TO BE PROCESSED

Policy Number(s) _____

DETAILS ABOUT THE DECEASED

Full name (Last, First, Initial) _____ Male
 Female

Date of Birth (dd/mmm/yyyy) _____ Date of Death (dd/mmm/yyyy) _____ Place of Death _____

Cause of Death _____

DETAILS ABOUT THE CLAIMANT/BENEFICIARY

Full name (Last, First, Initial) _____ Date of Birth (dd/mmm/yyyy) _____

Relationship to the Deceased _____ Social Insurance No. _____

Mailing Address _____ Apt. No. _____

City _____ Province _____ Postal Code _____ Telephone No. _____

If claimant is not a resident of Canada please provide name of country below and attach completed Declaration of Tax Residence for Individuals [form RC518](#) or for corporations, complete [form RC519](#) :

Name of country: _____

If you are not the beneficiary, in what capacity are you claiming the benefits? _____

Identity Verification and Politically Exposed Persons - Beneficiary AML Requirements at time of Claim for payouts.

Identity Verification

Is the Claimant Statement for a non-registered Policy and the Payment \$10,000 or more? Yes No
 If "yes" please attach completed Verification of Identity and Third Party Determination [form 576E](#). If "no" only the Claimant Statement is required.

Politically Exposed Persons (PEP)

Is the Claimant Statement for a non-registered Policy and the Payment \$100,000 or more? Yes No
 If "yes" please **also** attach completed Politically Exposed Foreign Persons [form 420E](#). If "no" only the Claimant Statement is required.

DETAILS ABOUT THE CLAIM

A cheque mailed to the following address: _____

Direct Deposit to your bank account (attach personalized pre-printed void cheque)

Transfer to my existing BMO Insurance GIF Policy. Please provide your policy number and investment instructions: _____

I am the named successor annuitant of this contract (RIF, TFSA and non-registered contracts only)

Check this box if you are the successor annuitant (RIF and TFSA contracts only) and want to continue all scheduled withdrawal plans (attach a personalized pre-printed void cheque).

Check this box if you are also the successor owner or subrogated owner (Quebec only) for a non-registered contract.

Check this box also if you are the successor owner or subrogated owner for a non-registered contract and want to continue all scheduled withdrawal plans (attach a personalized pre-printed void cheque).

Other (please specify) _____

Fraud notice: Any person who knowingly files a claim containing any false or misleading information may be subject to criminal and civil penalties. BMO Life Insurance Company may deny benefits if false information materially related to the claim or application for insurance was provided by the applicant or the claimant.

To learn more about how we collect, use, disclose and safeguard your personal information, your choices, and the rights you have, please see our Privacy Code (available at bmo.com/privacy). BMO Insurance has requested personal information in respect of your application for insurance. BMO Insurance will use this information and information in its existing files to assess risk, process your application, administer any policy, if issued and to investigate claims. BMO Insurance will also use and collect additional information from third parties to evaluate and investigate claims. BMO Insurance will keep your information in a file in its offices and will not disclose the information in that file except to those BMO Insurance employees, advisors, its affiliates, administrators or reinsurers who need access to assess risk and investigate claims. From time to time, BMO Insurance may wish to offer you upgrades to your coverage and additional products and services. You may ask us not to make these offers to you by writing to our Privacy Officer at the address below. You may also request, upon presentation of proper identification and proof of entitlement, to review and if appropriate, correct, your personal information in our possession by writing to Privacy Officer, BMO Insurance, 250 Yonge St., 9th Floor, Toronto, ON, M5B 2L7.

I certify the answers provided herein are complete, current and accurate to the best of my knowledge. I authorize any physicians or other persons, hospitals, clinics, institutions, government authorities, insurance companies or any other corporations, that have any information, records or knowledge of the deceased to release and exchange with BMO Insurance, its employees, its reinsurers, agents, third-party administrators or legal representatives any such information for the purpose of establishing or reviewing the validity of this claim.

I also authorize BMO Insurance to use my Social Insurance Number for any tax reporting purposes.

A photocopy of this authorization, as executed by me, will be as valid as the original.

X

Claimant's Signature

Date (dd/mmm/yyyy)

Proof of Claim

Please contact your financial advisor/representative if you have any questions or require assistance completing your claim form or providing any claim requirement.

Please note: You are responsible for any charges incurred in securing any proofs of claim.

Please see additional requirements below that may be specific to your claim. BMO Insurance reserves the right to request further information it deems necessary to establish the claim or confirm the right of the Claimant to receive the benefit.

An incomplete Claimant's Statement or missing proofs of claim will result in a delay in processing your claim.

Claimant's Statement

A completed Claimant's Statement is required for all claims:

- All sections of the Claimant's Statement must be completed by the named beneficiary or the representative of the beneficiary, or estate representative. For a corporate beneficiary, the Claimant's Statement must be signed in accordance with the corporate resolution (please attach a copy of the resolution);
- If the Beneficiary is a minor the Claimant's Statement must be completed by the trustee, by the tutor for the minor in Quebec or legally appointed Guardian, for property;
- If there is more than one beneficiary, a separate Claimant's Statement must be completed by each Beneficiary.

If the policy was assigned and the assignment has been released, attach a copy of the Release of Assignment.

If the policy was assigned and the assignment has not been released:

- Separate Claimant's Statements must be completed by the Beneficiary and the Assignee or hypothecary creditor;
- Attach a statement from the Assignee or hypothecary creditor with the outstanding amount of the assignment.

Payment will first be made to the Assignee only to the extent to satisfy the assignee's or hypothecary creditor's interest and any balance will be paid to the beneficiary, unless directed otherwise.

Proof of Death

If death occurred in Canada or the U.S.A., one or more of the following will be required:

- Funeral Director's Statement;
- Provincial or State Death Certificate;
- For Quebec you could also submit a Copie d'acte de décès issued by the Directeur de l'état civil or Bulletin de décès.

If death occurred outside of Canada or the U.S.A., the following will be required:

- a notarized copy or the registration of death.

Estate Beneficiary Designation Requirement

For all provinces other than Québec the following is required:

- If the beneficiary is the Estate, a notarized copy of the Will and Letters Probate;
- If no Will is available, a notarized copy of the Letter of Administration or Liquidator's appointment.

For the province of Québec the following is required:

- If the beneficiary is the Estate, a notarized copy of the Will if it was prepared by a Notary, or a probated copy of all other types of Wills;
- If there is no Will, a Declaration of heirship, completed in the presence of or before a Notary, outlining the legal heirs;
- A Will search certificate from the Chambre des Notaires and the Barreau du Québec.

Other requirement

If the named beneficiary is deceased, attach proof of death.

If the beneficiary is a minor:

- Attach a copy of the beneficiary's Birth Certificate; and
- A certified copy of the Letter of Guardianship of the property of the minor;
- If the Claimant's Statement is completed by a Power of Attorney for the beneficiary, attach a notarized copy of the Power of Attorney. Please also include a copy of valid government ID from the Power of Attorney(s).

In addition for the province of Québec:

- If the Claimant's Statement was completed by a court appointed Tutor, attach a notarized copy of The Order;
- If the Claimant's Statement is completed by a Power of Attorney on behalf of the beneficiary, attach a notarized copy of the mandate. Please also include a copy of valid government ID from the Power of Attorney(s).