



NOTICE OF DEATH CLAIMANT STATEMENT

This guide is designed to assist you in the claim submission process.

LIFE BENEFITS

Life benefits are intended to provide financial support in the event of the life insured's death.

THE FOLLOWING INFORMATION IS REQUIRED**Notice of Death - Claimant Statement**When proceeds are payable to a named beneficiary:

The Claimant Statement should be completed by the beneficiary, except in the following situations:

- If any named beneficiary has predeceased the life insured, proof of death must be provided in the form of a death certificate.
- If a trustee was appointed by the Owner to act on behalf of the beneficiary, the trustee should complete the Claimant Statement.
- If the beneficiary is a minor and the Owner had not appointed a trustee, please contact us to determine who should complete the Claimant Statement. Legislation regarding payment to minors varies from province to province.
- If the beneficiary is not able to handle their own financial affairs, the Claimants Statement should be completed by their legal representative by virtue of a Power of Attorney Document or Court-Appointed Committee. Please submit a copy of the legal appointment with the other claim documents.

In Quebec:

- The beneficiary's tutor should complete the Claimant Statement.

Note: In Quebec, the surviving spouse is automatically appointed as the minor's tutor, unless prohibited by a court order

When proceeds are payable to the insured's estate:

The Claimant Statement should be completed by the estate's legal representative. Please contact us for information as additional information may be required which could include the following:

- A notarized copy of the will and probate, or
- Certificate of Appointment of Estate Trustee with or without a will (Ontario), or
- Letter of Administration

In Quebec:

- A notarial will – a notarized copy
- Holographic Will/Made before Witnesses - a certified copy of a judgement and the will signed by the court clerk or the assistant court clerk which declares duly probated the deceased's will; or a notarized copy of the will as well as the minutes of probate
- No will - a declaration of legal heirs. In this case, each of the heirs should complete a separate Claimant Statement for their share of the insurance proceeds

Proof of Death

For claims \$150,000 and under, we will accept an original death certificate and/or a funeral director's statement of death. For claims greater than \$150,000 and inforce for less than 3 years, the Physician Statement is required. Depending on the circumstances surrounding the death, The Co-operators may require additional information including, but not limited to the following:

- Coroner's report
- Police investigation reports
- Additional medical information

AUTHORIZATION AND PRIVACY

We need your permission to obtain information that will help us assess your claim. By signing the authorization request, you give us permission to obtain this information from the insured's treatment providers, other insurers and hospitals where they received treatment.

Co-operators Life Insurance Company and CUMIS Life Insurance Company are committed to protecting the privacy, confidentiality, accuracy and security of the personal information it collects, uses, retains and discloses in the course of conducting business.

Co-operators Life Insurance Company and CUMIS Life Insurance Company will abide by all federal and provincial privacy legislation which governs the protection of all personal information in its custody. For further information regarding Co-operators Life Insurance Company and CUMIS Life Insurance Company privacy policies, please refer to our website at www.cooperators.ca.

CONTACT INFORMATION

If you have any questions or if you need help with your claim, please contact us at 1-800-454-8061. Please have your policy number available.

The insurer of this policy is Co-operators Life Insurance Company CUMIS Life Insurance Company

Co-operators Life Insurance Company and CUMIS Life Insurance Company are affiliated companies within the Co-operators Group of Companies. The Insurance Company that is underwriting and administering your policy is identified by the check boxes above.

MAILING ADDRESS	INSTRUCTIONS
Mail: Co-operators Life Insurance Company CUMIS Life Insurance Company Life Claims Department 1900 Albert Street Regina SK S4P 4K8 Email: Individual_Life_Claims@cooperators.ca Phone: 1-800-454-8061 Fax: 1-866-240-2153	Please print clearly and be sure all sections are complete to avoid delays in processing the claim. The completed form can be faxed to the number provided or the original can be mailed to the address provided.

1. DECEASED INFORMATION

Policy Number(s) _____

Name _____ Date of Birth _____
First Name Initial Last Name MMM/DD/YYYY

Marital Status at time of death:
 Single Married Divorced Civil Union Separated
 Date of Divorce _____ Date of Separation _____
MMM/DD/YYYY MMM/DD/YYYY

Date of Death _____ Place of Death _____
MMM/DD/YYYY City Province Country

Cause of Death _____ Duration of Illness (if applicable) _____

Death Occured in a hospital at home Other _____

Was death accidental? Yes No

If yes, please provide details regarding the location and type of accident

Name/Address of Investigating Officer and/or Coroner, if applicable

Provide names and locations of physician's, hospitals or specialists where the insured was treated in the past 5 years.

Name of Physician/Specialist/Hospital	Address	Dates	Reason for Visit

Tobacco Use: Did the insured ever use any form of tobacco, marijuana, nicotine products or nicotine substitute (including nicotine patch or gum)? Yes No

If yes, indicate period of use: From _____ to _____
Year Year

2. CLAIMANT INFORMATION

Claimant _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Phone (_____) _____ Email _____

Date of Birth _____ Social Insurance Number* _____ Relation to Deceased _____
MMM/DD/YYYY

*Social Insurance Number is required in the event interest is deemed taxable

If you would like The Co-operators to communicate with you by email, about this claim, please provide your email address _____

Co-operators Life Insurance Company uses reasonable safeguards to protect all information it collects, uses, retains and discloses in the course of conducting business. However, the internet is not a secure medium and we do not use email encryption. As such, we cannot guarantee complete privacy and confidentiality of any email transmissions. This includes the email text and any attachments. By authorizing communication by email, you are acknowledging that you have read and understood this notice and disclaimer and are consenting to the transmission of your personal information using email knowing the email and any attachments may be subject to unauthorized access, use or disclosure by third parties. You agree that Co-operators Life Insurance Company is not responsible or liable for any damages or losses you or any other person may suffer as a result of any breach of privacy, confidentiality or security by transmission of your personal information using email communication. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to Individual_life_claims@cooperators.ca.

In what capacity do you claim the insurance:

Beneficiary Executor/Executrix/Liquidator of the Succession Power of Attorney Trustee Signing Officer Other _____

3. SETTLEMENT OPTIONS

I request that any settlement payable under this policy be paid by:

- Direct Deposit **Please include a personal cheque marked "VOID".**
 Cheque
 Left on Temporary Deposit
 Settlement Annuity (not in Quebec)
 Transfer to a New or Existing Wealth Policy # _____

Direct deposit of funds allows us to deposit your benefit directly to your financial institution.

4. AUTHORIZATION

I hereby authorize any physician, hospital, clinic, pharmacy, other medical or health care provider or facility, insurance company, reinsurer, provincial health insurance plan, government department or agency, medical examiner, coroner, or equivalent officer, any policing authority and any other person having or organization having any medical, employment, vocational, financial or other relevant personal information or records to release to and exchange with the Insurance Company and, where necessary, its reinsurers any and all such information necessary to investigate and confirm the accuracy and validity of this claim, determine eligibility and entitlement to benefits and administer, or adjudicate this claim for benefits under, this policy of insurance or under any other policy of insurance with any insuring subsidiary of The Co-operators Group Limited. The authorizations contained herein shall remain valid for the duration of this claim unless it is revoked in writing by me. I understand that my refusal or revocation of consent may delay the adjudication or result in denial of this claim. Any copy of this authorization shall be as valid as the original.

Signed at _____ this _____ day of _____ 20 _____
City, Province Date Month Year

Name of Claimant (Please Print) Signature of Claimant

Name of Deceased Relation to Deceased

5. PRIVACY STATEMENT

Privacy Statement Co-operators Life Insurance Company CUMIS Life Insurance Company

At each of the companies listed above, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: privacy@cooperators.ca