

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

- Please complete sections A, B and C and provide the Claim – Employer's Statement (form no. 12123E19) along with the required documents.
- This form must be filled out by the designated beneficiary or, in the absence of a beneficiary, the executor.
- If the beneficiary is incapacitated or a minor, this form must be filled out by their guardian or representative.
- If there is more than one beneficiary, each must fill out a form.
- Death certificate must be attached to the completed form.

To contact us: 1-877-938-8191

### 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		
Employer of principal insured			Contract/group no.		Account/division no.		Identification no.
Occupation		Civil status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Joined in civil union <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Widowed <input type="checkbox"/> Separated - if applicable, with judgement or agreement on YYYY-MM-DD <input type="checkbox"/> Divorced on YYYY-MM-DD					
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		If yes, date of accident YYYY-MM-DD		6. Type of accident or summary of the circumstances surrounding the accident			
7. Was it a suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Has there been a coroner's inquest into the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Is the deceased's spouse alive? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Does the spouse have custody of the children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did the deceased have (answer yes or no to each question; if yes, give the date of the document):							
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 heirs*? <input type="checkbox"/> Yes <input type="checkbox"/> No Date YYYY-MM-DD	
Dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the number of children and their age:							
* See definition on back							
12. a) Did the deceased ever use tobacco under 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		d) Specify non-smoking periods	
13. Did the deceased hold other life insurance contracts with Desjardins Financial Security Life Assurance Company or with a Desjardins caisse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish the following:							
Name of institution		Account number if Desjardins caisse		Name of product		Contract/policy number	Identification/certificate number

### B. Identification of claimant

Last name		First name		Date of birth	Social insurance no.		
Address - No., street		City		Province	Postal code		Telephone nos.
In what capacity are you requesting payment of the death benefit? <input type="checkbox"/> Contract-designated beneficiary <input type="checkbox"/> Liquidator of the succession <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Other, specify:							Home: Area code + number Work: Area code + number
<b>DIRECT DEPOSIT</b> - If you want your benefits to be deposited directly into your account, complete this section and enclose a void cheque.					Identification no. (Transit)		Account no.
<b>DECLARATION</b> – I declare that the information provided above is complete and true.							
Signature of claimant _____						Date _____	

### C. Authorization to collect and communicate personal information

For the sole purpose of determining insurability, managing files and processing claims, I authorize Desjardins Financial Security Life Assurance Company (DFS) 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.

Signature of the beneficiary or the executor (-trix) \_\_\_\_\_ Date \_\_\_\_\_

## 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 / Legal personal representative**

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 makes a will.