

POLICY NUMBER(S) _____

 OTHER POLICIES WITH STANDARD LIFE: NO YES POLICY NUMBER(S) _____

1 Full name of deceased _____

2 Residence of deceased _____

3 Occupation of deceased _____

4 Date of Birth	Place of Birth
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5 Date of Death	Place of Death
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6 CAUSE OF DEATH _____

7 Was the deceased a smoker at the time of death? Yes No
 Did the deceased ever smoke in the past? Yes No When did he quit smoking? _____

8 Names and addresses of all physicians who attended the deceased in the past 5 years
 Names and locations of all hospitals or institutions where the deceased was treated in the past 5 years.

Name	Address	Date (dd/mm/yyyy)	Reason

9 Full name of Claimant (please print) _____ S.I.N. _____

Your Address (in full) _____ Postal Code _____

 In what capacity do you claim the benefit? Beneficiary Executor Spouse Other
 Relationship to deceased _____

 Are you 18 years of age or over? Yes No If not, give date of birth _____

10 Do you wish the proceeds to be:
 paid in lump sum
 used to purchase any other Standard Life product _____
 Please have one of your brokers call me at (_____) _____
 Transferred to another carrier: (submit their full name, address and account number) _____

11 State what other life insurance the deceased carried

Name of Company	Amount	Date of Issue

AUTHORIZATION

I authorize all physicians and other persons who have attended the deceased and all hospitals, institutions and government authorities to furnish The Standard Life Assurance Company of Canada all information in their possession or within their knowledge respecting the deceased and to honour a photostatic copy of this Authorization.

Dated at _____ this _____ day of _____ 20____

Signature of Claimant _____

In furnishing this or other claims forms for the convenience of the Claimant, the Company does not admit any liability or waive any of its rights.

INSTRUCTIONS

Please feel free to call the Company's Regional Office or our Customer Service Centre for information or assistance in completing the Claimant's Statement. They will be pleased to assist you.

COMPLETING THE CLAIMANT'S STATEMENT

1. IF THE POLICY IS PAYABLE TO A NAMED BENEFICIARY OR BENEFICIARIES

- a. This statement should be completed by the named beneficiary, unless a minor. If there is more than one beneficiary, separate forms will be supplied for each claimant.
- b. If any named beneficiary is a minor, this statement should be completed, on behalf of the minor beneficiary, by the guardian or other person authorized by law to deal with the minor's property. A certified copy of the Letters of Guardianship must be submitted.
- c. If any named beneficiary is deceased, proof of death of such beneficiary must be furnished.

2. IF THE POLICY IS PAYABLE TO THE ESTATE OF THE DECEASED

- a. If the deceased left a Will, this statement should be completed by the executors under the Will and a notarial copy of the Will and Letters Probate (or other provincial equivalent) must be furnished. In the Province of Quebec, Canada, there is no provision for probate of a Will which has been drawn in notarial form so only a certified copy of the Notarial Will is required.
- b. If the deceased did not leave a Will this statement should be completed by the Administrator of the estate and a notarial copy of the Letters of Administration must be furnished. In Quebec, where Letters of Administration are not granted, this statement should be completed by the heirs of the deceased and a notarized Declaration of Transmission should be submitted.

3. IF THE POLICY IS ASSIGNED

This Statement should be completed by the assignee as well as the beneficiary. Payment will be made jointly to the beneficiary and the assignee.

4. CLAIMANT'S SOCIAL INSURANCE NUMBER

This information should be filled in by the claimant as it may be required for the reporting of any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No number". If the estate of the deceased is the claimant, the deceased's Social Insurance Number should be filled in.

5. If completed outside Canada, this document must be signed in the presence of and attested to by a Canadian or British Consul, a Notary Public, a Commissioner for Oaths, or a Magistrate.