

## Notice of death claimant's form

Return to Great-West Life, Group Retirement Services

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by The London Life Insurance Company (the issuer), a subsidiary of Great-West.

### EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor \_\_\_\_\_ Policy/plan number \_\_\_\_\_

### MEMBER INFORMATION (please print)

Last name \_\_\_\_\_ Initial \_\_\_\_\_ First name \_\_\_\_\_ Certificate \_\_\_\_\_

### TO BE COMPLETED BY THE PERSON OR PARTY CLAIMING PROCEEDS (CLAIMANT)

In what capacity are you claiming?  Spouse  Beneficiary (other than spouse)  
 Executor/trustee  Legal Guardian

An **original** of one of the following documents is required. Please indicate which you are attaching:

Funeral Director Statement  Death Certificate

Date of death: \_\_\_\_\_ Birthdate of deceased: \_\_\_\_\_ Social insurance number of deceased: \_\_\_\_\_  
 yyyy mm dd                      yyyy mm dd                      - -

Permanent address of deceased on date of death: (street address, city, province and postal code)

Place of death (city, province and country) \_\_\_\_\_ Cause of death: \_\_\_\_\_

### COMPLETE EITHER A OR B BELOW:

#### (A) TO BE COMPLETED IF CLAIMANT IS THE SPOUSE OR BENEFICIARY

Last name \_\_\_\_\_ Initial \_\_\_\_\_ First name \_\_\_\_\_

Address of beneficiary: (street address, city, province and postal code)

Birthdate of beneficiary: \_\_\_\_\_ Social insurance number of beneficiary: \_\_\_\_\_ Relationship of beneficiary to deceased: \_\_\_\_\_  
 yyyy mm dd                      - -

**FUNDS ORIGINATING FROM REGISTERED PENSION PLANS ONLY:** If the deceased had a spouse at the time of death, most provinces deem the spouse to be the beneficiary regardless of the member's beneficiary designation. If the spouse has waived entitlement to the death benefit, please attach a copy of the waiver. If applicable a Marital Declaration Form will be required and will be forwarded for completion before funds are released.

#### (B) TO BE COMPLETED IF CLAIMANT IS THE ESTATE OR TRUSTEE OF THE DECEASED

Name of claimant \_\_\_\_\_

Address of claimant: (street address, city, province and postal code)

### A PACKAGE OUTLINING PROCEEDS AND OPTIONS AVAILABLE WILL BE PROVIDED TO THE CLAIMANT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant