

# Notice of death

PO Box 11464, Succ. Centre-ville, Montréal (QC) H3C 5M3  
 Tel.: 1-800-242-1704 Fax: 1-866-499-4480

This form is to be completed by the plan administrator/plan sponsor (statement of options will be issued by Manulife).

This form is applicable to:

- All plans
- DPSP
- EPSP
- FLEX
- LIRA
- LI-RRSP
- MSMPPP
- NOREG
- QSPP
- RPP
- RRSP
- RRSPS
- Structured RRSP
- TFSA
- Other (specify):  
\_\_\_\_\_

|                  |              |                 |
|------------------|--------------|-----------------|
| Client no.<br>RS | Subgroup no. | Certificate no. |
| Client name      |              |                 |
| Subgroup name    |              |                 |

### Section 1 – Deceased employee/member information

|  |             |         |
|--|-------------|---------|
| Last name                                  | First name  | Initial |
| Social Insurance Number                    |             |         |
| Last permanent address (no., street, apt.) |             | City    |
| Province                                   | Postal code |         |
| Last day of active employment (YYYY/MM/DD) |             |         |
| Date of death (YYYY/MM/DD)                 |             |         |

### Section 2 – Beneficiary information

|                                  |             |                    |
|----------------------------------|-------------|--------------------|
| Last name                        | First name  | Initial            |
| Relationship to deceased         |             |                    |
| Social Insurance Number          |             |                    |
| Date of birth (YYYY/MM/DD)       |             |                    |
| Home address (no., street, apt.) |             | City               |
| Province                         | Postal code | Home telephone     |
|                                  |             | Business telephone |

### Section 3 – Spousal information (required for Registered Pension Plans only)

|  |            |  |
|--|------------|--|
| Last name  | First name | Initial  |
| Social Insurance Number  |            |  |
| Date of birth (YYYY/MM/DD)   |            |  |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female                          |            |  |
| Did the deceased have an eligible spouse as defined in the plan text at the date of death? |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the deceased have any other policies with Manulife?                                    |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, state the policy no.(s)  |            |  |

#### Section 4 – Plan administrator/plan sponsor authorization

Have all contributions that need to be included in this settlement been reported to Manulife?

Yes  No

Unreported contributions will be remitted on

(YYYY/MM/DD)

I certify that the information given is true, correct and complete, to the best of my knowledge. Furthermore, I understand that the personal information provided herein will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan.

|                |                    |         |
|----------------|--------------------|---------|
| Last name      | First name         | Initial |
| Home telephone | Business telephone |         |
| Signature      | Date (YYYY/MM/DD)  |         |

Please provide us with a Physician's statement, a copy of the death certificate or a funeral director's statement.

Manulife reserves the right to ask for additional information and assumes no responsibility for any expense incurred in respect of this claim.

[www.manulife.ca](http://www.manulife.ca)

