

STATEMENT OF CLAIMANT

Estate Benefit

Name of Deceased: _____

Social Insurance Number: _____ Date of Birth: _____

Date of Death (attach proof): _____

Date Last Worked: _____

EXECUTOR OF THE ESTATE

Name: _____ Phone Number: _____

Social Insurance Number: _____ Date of Birth: _____

Address: _____

_____ Postal Code: _____

METHOD OF PAYMENT:

 X LUMP SUM TO THE ESTATE

Date

Signature of Executor

PLEASE RETURN THIS FORM WITH THE ORIGINAL DEATH CERTIFICATE (OR A NOTARIZED COPY)