

Notice of Death Tax-Free Savings Account (TFSA)

Send your completed form to:
Manulife Financial
Attn: GRS Client Services, KC-6
 PO BOX 396 STN WATERLOO
 WATERLOO, ON N2J 4A9

Please print clearly in the blank boxes.

- If member belongs to more than one plan, complete a separate form for each plan.
- Please submit this form with the last contribution for the member.

To be completed by Plan Sponsor/Employer

| | | | | |
|---|---|------------|---------------------|---|
| Plan Sponsor/Employer | | | Group policy number | |
| Last name of deceased member | | First name | Middle initial | Member number |
| Date of death (dd/mmm/yyyy) | Please indicate the last day for which contributions have been made. Do not submit this form until the final contribution is submitted. | | | Date (dd/mmm/yyyy) |
| Name of spouse (last, first and middle initial) | | | | <input type="checkbox"/> The deceased member does not have a spouse |

DEFINITION OF SPOUSE (Subject to Change)

Spouse

means the person of the opposite or same sex who is married to the Account Holder;

Common-law Partner

means a person of the opposite or same sex who is not Account Holder's Spouse, with whom they live and have a relationship, and to whom at least one of the following situations applies. He or she:

- is the natural or adoptive parent (legal or in fact) of that person's child,
- has been living with that person for at least 12 continuous months, or
- lived with that person previously for at least 12 continuous months and is living with the person again.

The above includes any period that they were separated for less than ninety (90) days because of a breakdown in their relationship;

(Note: Certified copies provided by the Plan Administrator are acceptable for claims < \$150,000. Original documents will be returned upon settlement if requested).

To be completed by beneficiary

| | | | |
|--|----------|-------------|-------------------------------------|
| Name of beneficiary (last, first and middle initial) | | | Relationship to member |
| Address | | | Beneficiary birthdate (dd/mmm/yyyy) |
| City | Province | Postal code | S.I.N. |

Proof of Death requirements

- If claim is less than \$150,000, attach Funeral Director's statement or Death Certificate
- If claim is more than \$150,000, attach Death Certificate

Please sign here

I hereby certify that the information on this form is correct to the best of my knowledge.

| | |
|--------------------------|---------------------------|
| Signature of beneficiary | Date signed (dd/mmm/yyyy) |
|--------------------------|---------------------------|

I hereby certify that the above information provided from plan records is correct.

| | |
|---------------------------------|---------------------------|
| Signature of Plan Administrator | Date signed (dd/mmm/yyyy) |
|---------------------------------|---------------------------|