

IN THE MATTER OF THE ESTATE

To be completed when:
 • the deceased had no Will
 • no Designation of Beneficiary or Successor Annuitant/Holder on contract
 • court grant will not be applied for

OF: _____
(full name of deceased)

LATE OF: _____
(city, province)

All parties signing this document must initial any changes or deletions.

I/We the undersigned, being legal heirs of the deceased's estate, DO SOLEMNLY DECLARE:

1. THAT the deceased died on the _____ day of _____, 20____.
2. THAT the deceased appears on the records of _____ as the holder of:
(organization name)

Contract number registered with CRA

- RRSP contract number(s) _____
- RRIF contract number(s) _____
- TFSA contract number(s) _____
- Concentra GIC number(s) _____

3. THAT the deceased died intestate and the following individuals are entitled to share in the property of the deceased:

Include the legal spouse, if any, (common-law partner may not be recognized as an heir under the Laws of Intestacy), followed by any children of the deceased or any children of deceased children. Include any legally adopted children. If none of the above, list other relatives of the deceased (parents, brothers/sisters, etc.)

Name	Relationship to Deceased	Birthdate (dd/mmm/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Besides those listed above, the deceased left no other children or children of a deceased child.

4. All debts of the estate have been paid in full.
5. The value of all probatable registered plan assets trusted by Concentra Trust on deposit with this organization under which the deceased was the annuitant/holder/subscriber (**excluding** registered funds with a valid designation of beneficiary, successor annuitant/holder or joint subscriber). \$ _____
6. Value of all GICs on deposit with Concentra Bank registered in the deceased's name (excluding joint survivors). \$ _____
7. **Other assets of the deceased are such that it is not necessary or required to apply for Letters of Administration/ Certificate of Appointment of Estate Trustee Without a Will.**
8. THAT I/we have personal knowledge of the facts represented herein and that all such facts are true and correct and that I/we are not in possession of any other facts or information which would have any adverse effect on entitlement to the proceeds.
9. THAT in consideration of the proceeds being paid or transferred as set out below, on behalf of myself and my heirs, executors and administrators, I/we do covenant and agree at all times to save harmless and keep indemnified Concentra/Concentra Trust, together with any of its affiliates and subsidiaries, and _____
(organization name)

and their successors or assigns, from all actions, suits, or other claims or demands of any nature whatsoever and also from and against all costs, damages, interest and expenses which they may bear or incur for any reason or which may arise as a result of their paying or transferring the said proceeds to me and I/we hereby agree to execute on demand any further releases, indemnities or discharges required in this regard.

THEREFORE, I/we request that the **RRSP** investments be distributed as follows:

- Transfer to:
 - Spouse/common-law partner RRSP RRIF Contract number _____
(application attached for new contract)
 - Full transfer **or** Specific dollar amount \$ _____
 - Impaired/financially dependent child/grandchild Annuity RRSP RRIF Contract number _____
(application attached for new contract)
 - Full transfer **or** Specific dollar amount \$ _____
 - Financially dependent child/grandchild Annuity to age 18
 - Full transfer **or** Specific dollar amount \$ _____

The surviving spouse/common-law partner/financially dependent child/grandchild and personal representative must jointly complete a CRA form T2019 and attach a copy of this form to the applicable income tax returns. (Where deceased resided in Quebec, TP-930-V is also required.)

- Redeem and pay to Estate
 - Direct Deposit **→** Route (Inst) Transit Account #
 - (Void Cheque Attached)

(name and address of financial institution)

THEREFORE, I/we request the **RRIF** investments be distributed as follows:

Continue RRIF in name of spouse/common-law partner under successor annuitant appointment election after death (RRIF application attached).
 Continue RRIF payments by Cheque EFT to account number _____ at _____
 (attach void cheque) (organization name)

Transfer to:
 Spouse/common-law partner RRSP RRIF contract number _____
 Full transfer **or** Specific dollar amount \$ _____ (application attached for new contract)

Impaired financially dependent child/grandchild Annuity RRSP RRIF contract number _____
 Full transfer **or** Specific dollar amount \$ _____ (application attached for new contract)

Financially dependent child/grandchild Annuity to age 18
 Full transfer **or** Specific dollar amount \$ _____

The surviving spouse/common-law partner/financially dependent child/grandchild and personal representative must jointly complete a CRA form T1090 and attach a copy of this form to the applicable income tax returns. (Where the deceased resided in Quebec, a TP-961.8-V is also required.)

Redeem and pay to Estate
 Direct Deposit → Route (Inst) Transit Account #
 (Void Cheque Attached)

_____ (name and address of financial institution)

THEREFORE, I/we request the **TFSA** investments be redeemed and paid to the Estate.

Direct Deposit → Route (Inst) Transit Account #
 (Void Cheque Attached)

_____ (name and address of financial institution)

NOTE: The spouse/common-law partner may be eligible for an exempt contribution of an amount not exceeding the fair market value of the TFSA at date of death. The exempt contribution must be made during the exempt period. The spouse/common-law partner must complete a RC240 *Designation of an Exempt Contribution Tax-Free Savings Account (TFSA)* and file with CRA within 30 days of the contribution. Restrictions may apply where the spouse/common-law partner is a non-resident of Canada.

THEREFORE, I/we request the **Concentra GIC** investments be distributed as follows:

Transfer into the following name(s)

Name*	SIN	Birthdate (dd/mmm/yyyy)
_____	_____	_____
_____	_____	_____

*Client ID Verification Form attached

Joint with right of survivorship
 Tenants in common
 Sole ownership
 Separate certificates valued at: \$ _____

Redeem and pay to Estate
 Direct Deposit → Route (Inst) Transit Account #
 (Void Cheque Attached)

_____ (name and address of financial institution)

This Declaration must be signed by each heir (or their legal representative) named herein. If more than four, attach Declaration and Indemnification Attachment (305-253).

Dated at _____
 in the province of _____
 this _____ day of _____, 20____.

_____ (name of claimant)
 _____ (signature of claimant)

Dated at _____
 in the province of _____
 this _____ day of _____, 20____.

_____ (name of claimant)
 _____ (signature of claimant)

Dated at _____
 in the province of _____
 this _____ day of _____, 20____.

_____ (name of claimant)
 _____ (signature of claimant)

Dated at _____
 in the province of _____
 this _____ day of _____, 20____.

_____ (name of claimant)
 _____ (signature of claimant)