

IN THE MATTER OF THE ESTATE

To be completed when:
 • the deceased had a 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, having personal knowledge of all matters herein referred to, 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)
 RRSP Contract number(s) _____
 RRIF Contract number(s) _____
 TFSA Contract number(s) _____
 Concentra GIC number(s) _____
3. THAT the deceased had a Will dated the _____ day of _____, _____, (and codicil or codicils dated the _____ day of _____, _____), and was at the time of making the Will (or codicil) the full age of majority (a copy is attached).
4. THAT I/we are the personal representative(s) named in the Will of the deceased and are the full age of majority.
5. THAT the deceased: did not did marry or enter into a common-law relationship after the execution of the above Will.
6. After making the Will and before his or her death, the deceased's marriage was not terminated by divorce nor was it found to be void or declared a nullity nor did the testator and his or her common-law spouse cease to cohabit in a spousal relationship for 24 months or longer.
7. At the date of his/her death, the deceased had minor children. Yes No
8. All debts of the estate have been paid in full.
9. I/We are not in possession of any facts or information which would have any adverse effect on the entitlement to the proceeds claimed herein.
10. The value of all probatable registered plan assets trustee 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). \$ _____
11. Value of all GICs on deposit with Concentra Bank registered in the deceased's name (excluding joint survivors). \$ _____
12. **Other assets of the deceased are such that it is not necessary or required to apply for Letters Probate/Administration Certificate of Appointment of Estate Trustee with a Will.**
13. 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 and I/we hereby agree to execute on demand any further releases, indemnities or discharges required in this regard.

Contract number registered with CRA

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 the deceased resided in Quebec, a 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 distributed as follows:

Redeem and pay to 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)
_____	_____	_____
_____	_____	_____

Intended use of account _____

*Client ID Verification Form attached

Joint with right of survivorship (spouse/common-law partner only)

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)

I/We being the personal representative(s) named in the Last Will and Testament of the deceased, do solemnly declare that I/we have personal knowledge of the facts represented herein and that all such facts are true and correct.

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

_____ (name of personal representative)
_____ (signature of personal representative)

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

_____ (name of personal representative)
_____ (signature of personal representative)