

**Part 2: Claimant's Statement**

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Group Policy Number: 330780 Division Number 40

Employee/Retired Member Certificate/SIN Number: \_\_\_\_\_

Deceased's Full Name: \_\_\_\_\_  
Last Name First Name Initial

Cause of Death: \_\_\_\_\_

Claimant's Full Name: \_\_\_\_\_  
Last Name First Name Initial

Claimant's SIN/Social Insurance Number: \_\_\_\_\_

Claimant's Date of Birth: \_\_\_\_\_ Claimant's Phone Number (\_\_\_\_) \_\_\_\_\_

Claimant's Full Address: \_\_\_\_\_

Claimant's Basis of Claim:

- Named Beneficiary/POA or  Minor Trustee  Estate Executor/Administrator

**Please attach an original Certificate of Death or a notarized copy of Certificate of Death or an original Funeral Director's Certificate or a notarized copy of Funeral Director's Certificate. Return all forms to either your employer or the Civil Service Superannuation Board 1200-444 St Mary Avenue Winnipeg MB R3C 3T1.**

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**Protecting your Personal Information**

At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain right of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purpose of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

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**Authorizations and Declarations**

I authorize Great-West Life, any healthcare provider, the deceased's plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or working with the deceased's plan administrator to exchange personal information when necessary to assess my claim and to administer the group benefits plan.

I have provided the information on this form in order to obtain payment of Group Life proceeds to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the Group Life Policy. I certify that by making payment to me, Great-West Life has met its obligations to me. I further declare that the answers given by me are, to the best of my knowledge and belief, true and full, and I have withheld no material facts from Great-West Life.

I confirm that a photocopy or electronic copy of this authorization is as valid as the original.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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