

DEATH CLAIM/PREARRANGEMENT CANCELLATION FORM

Please fax the completed form along with the Funeral Director's Proof of Death Certificate (if applicable) to 1.519.584.7292, **Attention: Claims Department.** * **Please note:** This form may only be used for one Annuitant for a Death Claim **OR** a Prearrangement Cancellation.

FUNERAL HOME INFORMATION:

Funeral Home Name: _____

Address: _____

Claim Submitted By: _____ Phone: _____

Date Submitted: _____

ANNUITANT INFORMATION:

* **Name of Annuitant:** _____

* **Date of Birth:** _____ **SIN:** _____
(Optional if provided on original contract)

* **Member Certificate Number:** _____

Required For Death Claim:

Required For Prearrangement Cancellation:

Date of Death: _____ Date of Cancellation: _____

Authorized Funeral Home Signature

Date

* **REQUIRED**

FPC Office Use Only:

Processed By:

Date