

ASSIGNMENT OF DEATH BENEFITS

Section A : ANNUITANT (FUNERAL RECIPIENT) :

(Mr., Mrs., Ms., Miss) First Middle Last Birthdate : _____
DD/MM/YYYY

Address : _____
Street City Province Postal Code

Policy #(s) : _____ Date of Death : _____
DD/MM/YYYY

Section B : FUNERAL PROVIDER :

Name of Funeral Provider : _____

Address : _____
Street City Province Postal Code

Section C : BENEFICIARY OF POLICY AND ASSIGNMENT OF "OTHER AMOUNT" :

(Mr., Mrs., Ms., Miss) First Middle Last

Address : _____
Street City Province Postal Code

If the Beneficiary is the Estate, I certify that I am the legal Executor or Personal Representative of the estate.

Assignment Amount : \$ _____

I am the Beneficiary, or I certify that I am the Executor or Personal Representative of the Estate where the Estate is the Beneficiary of the Policy(ies) noted above and assign payment of the Assignment Amount to the Funeral Provider for the purpose of the Funeral Provider arranging and paying for merchandise and services that are in addition to the merchandise and services provided under the funeral services agreement with the Funeral Provider. The Assignment Amount represents all or part of the "Other Amount" set out in Section F and G of the Policy(ies) Application and Enrolment Form. I agree that such payment of this amount to the Funeral Provider shall discharge, in full, all liability of The Equitable Life Insurance Company of Canada for this amount under the Policy(ies).

Section D : BENEFICIARY SIGNATURE

Signed at _____, this _____ day of _____, 20_____
(city) (province) (day) (month)

Beneficiary : _____
Signature Print Name