

**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