

**DECEASED INFORMATION**

<b>FULL NAME</b>	<b>DATE OF DEATH</b>
<b>ADDRESS AT DATE OF DEATH</b>	<b>MARITAL STATUS</b>

**ASSETS HELD WITH EQUITABLE BANK**

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT

PLEASE ATTACH A LIST IF THERE ARE MORE THAN 3 INVESTMENTS

**EXECUTOR(S) COMPLETE SECTIONS 1. OR 2. AS APPROPRIATE**

<input type="checkbox"/> <b>1. PROBATE/ADMINISTRATION GRANTED</b> (complete if there is no Will or if <i>the unentitled</i> holdings exceed \$50,000)  <b>Relationship to deceased</b> _____  <b>I _____ of the</b> <b>City of _____</b> <b>and the Province of _____</b>  <small>AM/ARE THE EXECUTOR(S)/ LIQUIDATOR OF THE DECEASED'S ESTATE, AS EVIDENCED BY CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE(S)/ LETTERS OF ADMINISTRATION/ LETTERS OF PROBATE OR GRANT OF PROBATE, A NOTARIZED COPY OF WHICH IS ATTACHED.</small>	<input type="checkbox"/> <b>2. NO PROBATE/ ADMINISTRATION</b>  <b>Relationship to deceased</b> _____  <b>I _____ of the</b> <b>City of _____</b> <b>and the Province of _____</b>  <small>AM/ARE THE EXECUTOR(S) OF THE DECEASED'S ESTATE. IT IS NOT THE INTENTION OF THE BENEFICIARY(IES) TO APPLY FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE(S)/ LETTERS OF ADMINISTRATION/ LETTERS OF PROBATE/ GRANT OF PROBATE. I/WE CERTIFY THAT THE DECEASED HAD NOT MARRIED OR DIVORCED SINCE THE DATE OF THE LAST WILL AND TESTAMENT AND THAT THERE ARE SUFFICIENT ASSETS TO MEET ALL LIABILITIES OF THE ESTATE.</small>
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**BENEFICIARY(IES) COMPLETE SECTIONS 1. 2. OR 3. AS APPROPRIATE**

**1. SUCCESSOR HOLDERS**

- REDEEM ASSET(S) TO INDIVIDUAL
- TAKE OVER PLAN (Transfer internally)
- TRANSFER TO OTHER FINANCIAL INSTITUTION (Transfer externally)
- ADDRESS ON FILE OR MAIL TO

**2. BENEFICIARIES**

TO THE BENEFICIARY(IES) NAMED BELOW FULL NAME DATE OF BIRTH MM/DD/YYYY REDEEM APPLICABLE (refer to schedule A for three remaining beneficiaries)

- REDEEM ASSET(S) TO INDIVIDUAL
- ADDRESS ON FILE OR MAIL TO

**3. NON-BENEFICIARIES/ ESTATE**

- PAYABLE TO THE ESTATE
- ADDRESS ON FILE OR MAIL TO

PLEASE COMPLETE WITH YOUR PROVIDED BENEFICIARIES' DETAILS IF YOU SELECTED OPTIONS 1 OR 2 ABOVE; **NOT APPLICABLE IF YOU SELECTED OPTION 3.**

FULL NAME	ADDRESS	SIN	DATE OF BIRTH (MM/DD/YYYY)
FULL NAME	ADDRESS	SIN	DATE OF BIRTH (MM/DD/YYYY)

**ACKNOWLEDGEMENT**

IN CONSIDERATION OF THE TRANSFER OF THE ASSETS LISTED ABOVE, I/WE AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS EQUITABLE BANK AGAINST ALL CLAIMS, DEMANDS, ACTIONS, SUITS, PROCEEDINGS, ASSESSMENTS, LOSSES, DAMAGES, COSTS, EXPENSES, AND DISBURSEMENTS WHICH MAY ARISE: AS A RESULT OF THE TRANSFER OF ASSETS AS DIRECTED.

THIS INDEMNITY IS BINDING ON MY/OUR HEIRS, ADMINISTRATORS, EXECUTORS, PERSONAL REPRESENTATIVES AND ASSIGNS. I/WE HAVE MADE THIS SOLEMN DECLARATION CONSCIENTIOUSLY, BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE BY VIRTUE OF THE CANADA EVIDENCE ACT.

**(SEVERALLY) DECLARED BEFORE ME IN THE** \_\_\_\_\_  
**OF** \_\_\_\_\_ **IN THE** \_\_\_\_\_ **OF**  
 \_\_\_\_\_  
**THIS** \_\_\_ **DAY OF** \_\_\_\_\_

**CLAIMANTS/ BENEFICIARY/EXECUTOR SIGNATURE** \_\_\_\_\_

**LICENCED PROFESSIONAL OR COMMISSIONER OF OATHS NOTARY PUBLIC IN  
AND FOR** \_\_\_\_\_

**PROFESSIONAL SIGNATURE** \_\_\_\_\_

**SCHEDULE A:**

**BENEFICIARY(IES): For additional Beneficiaries up to a maximum of five.  
TO THE BENEFICIARY(IES) NAMED BELOW FULL NAME DATE OF BIRTH MM/DD/YYYY REDEEM ASSETS  
APPLICABLE ONLY WHEN PROBATE OR EQUIVALENT DOCUMENTATION HAS BEEN RECEIVED**

FULL NAME	ADDRESS	SIN	DATE OF BIRTH (MM/DD/YYYY)
FULL NAME	ADDRESS	SIN	DATE OF BIRTH (MM/DD/YYYY)
FULL NAME	ADDRESS	SIN	DATE OF BIRTH (MM/DD/YYYY)