



VALUE
PARTNERS
INVESTMENTS

Estate Claim Form

A separate form must be completed by each claimant for each account. Please contact Value Partners Investments (herein "VPI") at 844-874-3863 for full Estate settlement requirements.

Section 1 - Claimant Information

1) Name: _____
(First) (Middle Initial) (Last)

2) Address: _____
(Street Address and Apt.) (City) (Province) (Postal Code) (Country)

3) Country of Residence: _____ 4) Phone Number: _____

5) Relationship to the Deceased: _____ 6) Date of Birth: _____
(dd/mm/yyyy)

7) Social Insurance Number (SIN): _____
(Under the Income Tax Act, your SIN is required by any person/institution preparing an information slip for you)

8) VPI Account Number: _____

Select one of the following:

- You are the named beneficiary
- You are the named Successor Holder (TFSA) or Successor Annuitant (RRIF)
- You are the Estate Trustee or Legal Representative
- You are the financial trustee for the minor beneficiary

Minor beneficiary's name, SIN and date of birth:

(First and Last Name) (SIN) (dd/mm/yyyy)

Other (please specify): _____

Section 2 - Information about the Deceased

1) Name: _____
(First) (Middle Initial) (Last)

2) SIN: _____ 3) Province/Country of Residence: _____

4) Date of Birth: _____ 5) Date of Death: _____
(dd/mm/yyyy) (dd/mm/yyyy)

6) Marital Status at the Time of Death: _____

7) Name and address of the Legal Representative for the Estate (Estate Trustee, the Liquidator of the Estate or Administrator) (Mandatory):

(First) (Middle Initial) (Last)

Address: _____
(Address and Apt.) (City) (Province) (Postal Code)

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Section 3 - Direction (Payment Information)

A. Redeem Funds

Make Check Payable to: _____

Mailing Address: _____
(Street Address and Apt) (City) (Province) (Postal Code) (Country)

Electronic Fund Transfer to bank account provided* *(Please attach a copy of a void check)*
**(wiring funds outside of Canada, please contact us for additional requirements and/or forms)*

B. Transfer*

Transfer to a VPI account: _____ VPI Account Number: _____

Receiving Account Holder's Name: _____ SIN: _____

Choose your Investments for the receiving account: OR Transfer assets as is (in-kind)

Fund Name	Fund No.	FEL Sales Commission	Gross Amount OR Percentage	
		%	\$	%
		%	\$	%
		%	\$	%
		%	\$	%

If no Investment instructions are provided, the funds will be transferred as is (in-kind). Also note that Investment Application is required if account is new.

Transfer Funds to another Financial Institution:

In-kind In-cash Institution: _____

Account Number: _____ Registration/Plan Type: _____

Address: _____
(Street Address and Apt) (City) (Province) (Postal Code) (Country)

Receiving Account Holder's Name: _____ SIN: _____

C. Continue Original Investment Terms (Note: New Applications may be required)

Registered Retirement Income Fund (RRIF)

Continue existing RRIF plan as successor annuitant (applicable only if surviving spouse is named successor annuitant on application)

Upon renaming, Transfer to existing RRIF Account _____

Tax Free Savings Account (TFSA)

Continue existing TFSA plan as successor holder (applicable only if surviving spouse is named Successor Holder on application).

Upon renaming, Transfer to existing TFSA Account _____

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D. Spousal Plans

Remove Spousal Designation where the Deceased was named as Spousal Contributor

Transfer to Existing RRSP or RRIF Account Number

E. Joint Plans

Remove Deceased account holder from joint plan: _____
(Applies only to Joint Tenants with Rights of Survivorship. A new account number may be assigned)

Section 4 - Further Instructions

Section 5 - Authorization, Discharge and Indemnity

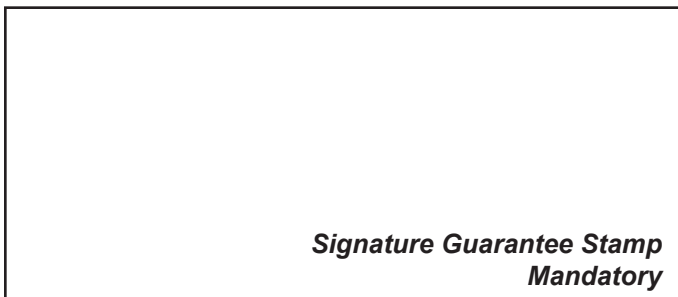
The undersigned agrees that, upon completion of above direction, Value Partners Investments ("VPI"), and any of their affiliates, will be discharged of liability under the policies/accounts held by or insuring the deceased to the extent of the amount paid. The undersigned hereby indemnifies and agrees to hold VPI harmless against all claims of whatsoever nature and by whoever made, inclusive of all legal costs on a solicitor and his/her own client basis that may be made against VPI arising from this form.

Signed At: _____ Date: _____
(MM/DD/YYYY)

Claimant's Name: _____
(First Name) (Last Name)

Claimant's Signature: _____

****Claim must be signature guaranteed by a registered dealer/broker, bank or trust company****



Signature Guaranteed by: _____
Institution: _____
Contact Name: _____
Contact Number: _____