

Life Claim Initiation - Lender's Statement



Canadian Premier Life Insurance Company - a Securian Financial company
Claims Department
1400-2025 Willingdon Avenue, Burnaby, BC V5C 0J3
1-800-763-1300 • Fax 1-866-987-5330 • bcclaims@canadianpremier.ca

CLAIM NUMBER

Claim Checklist

- ☐ Attach a copy of the Statement of Account - printout of loan account on date of death.
- ☐ Attach an original or a copy of the death certificate.
- ☐ Provide Life Claim Information Request form to next-of-kin for completion.
- ☐ Have Certification of Death - Physician's Statement completed.

Deceased's Information

Legal name of deceased (first, middle, last)

Other names by which the deceased has been known	Date of birth (mo/day/yr)	Date of death (mo/day/yr)
Address (street, city, province, postal code)		

General Loan Information

Complete for all loans. If more than three loans, complete another form.

	Loan A	Loan B	Loan C
Loan number			
Date of loan approval (mo/day/yr)			
Original amount of loan	\$	\$	\$
Amount of insurance applied for	\$	\$	\$
Type or purpose of loan			
Date of first payment (mo/day/yr)			
Interest Rate			
Amount of monthly payment	\$	\$	\$
Date of last loan payment was made prior to date of death (mo/day/yr)			
Balance on the date of death			

Closed End Loans

Term of loan			
Scheduled maturity date (mo/day/yr)			
Is the loan a refinance of a previously insured loan? If yes, please submit copies of the current and previous loan notes and insurance applications.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous loan number: _____ Previous loan effective date (mo/day/yr): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous loan number: _____ Previous loan effective date (mo/day/yr): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous loan number: _____ Previous loan effective date (mo/day/yr): _____

****See Reverse Side****

By furnishing this form or any other form, the Company does not admit that any coverage is in force nor waive any of its rights or defenses.

Open End Loans and Advances Only

List all advances made within twelve months prior to onset of claim event. You may attach loan history for advance information.

If none, check box ☐ . If more than three, please provide loan history.

Date of advance			
Amount of advance	\$	\$	\$
Date of advance			
Amount of advance	\$	\$	\$
Date of advance			
Amount of advance	\$	\$	\$

Next of Kin

Name of next-of-kin	Relationship
Address (street, city, province, postal code)	Telephone number

Signature of Authorized Representative

Name of lending institution	Certificate number
Address of lending institution (street, city, province, postal code)	
Name of authorized representative (please print)	Telephone number Ext.
Email address	

IMPORTANT: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

SIGN HERE >	Signature of authorized representative	Date (mo/day/yr)
	X	