



P.O. Number: _____

Estate Fraud Protection – Client Authorization Form

By this document it is hereby acknowledged that I, _____
(Executor/Next of Kin/Declared Responsible Person – First and Last Names)

of _____
(Town/City and Province)

the undersigned, do hereby grant a limited and specific Assignment of Agency to Dignity Memorial Estate Fraud Protection* to act as my Agent in the matter of the Estate of:

(Deceased First and Middle Names)

_____ formerly of _____
(Deceased Last Name) (Town/City and Province)

where I am the legal Executor/Next of Kin/Declared Responsible Person.

I authorize **Dignity Memorial Estate Fraud Protection*** to submit the personal information of the deceased, including the applicable Social Insurance Number, only to the following organizations:

- › Credit Reporting Agencies – to update the applicable credit file:
 - Equifax Canada
 - TransUnion Canada

These organizations are authorized to verify and use the information to:

1. protect the Executor and the deceased person's Estate
2. ensure the completeness of the information and maintain the integrity of the credit granting system
3. co-operate with local, provincial and national authorities in the event of an investigation of unlawful or improper activities in order to protect the Executor, the deceased person's Estate, and credit reporting agencies from fraudulent transactions.

The information may **not** be used in any other way or sent to any other organizations.

This Assignment of Agent shall be effective upon execution. This Assignment of Agent will remain in effect for a period of 72 hours after receipt of a faxed copy of the Proof of Death certificate by **Dignity Memorial Estate Fraud Protection*** – after which time it shall be automatically revoked. This period shall be extended for 24 hours in the event of a Statutory Holiday. My Agent agrees to this appointment subject to its terms.

By signing this contract, I am also giving my consent to the funeral home to submit the pertinent information, including the Social Insurance Number of the deceased person on my behalf.

Name: _____ At: _____
Printed Name of Executor/Next of Kin/Declared Responsible Person Town/City and Province

Signature: _____ Dated: _____
Executor/Next of Kin/Declared Responsible Person Signature Date of Signing

Witness – Name: _____ [please print]
Funeral Director or Funeral Home staff Name

Witness – Signature: _____
Funeral Director or Funeral Home staff Signature

*through its approved supplier Progressive Estate Solutions Inc.