

DECLARATION OF TRANSMISSION BY DEATH

Employee _____ Telephone _____ Extension _____ Reference transit _____

1. INFORMATION ON DECEASED Compulsory: attach the deceased's profile (CLTPR06) and valid proof of death Certificate or proof of death from the funeral home Act or certificate of death from the *Directeur de l'état civil*

Last name _____ First name _____
 Address at time of death _____ City _____ Postal code _____
 Date of death _____ Place of death (City) _____ Social Insurance No. _____ Date of birth _____
 X2 advisor assigned Name: _____ Transit: _____ Telephone: _____

2. IDENTIFICATION OF APPLICANT Liquidator(s)/Executor(s) Heir(s) Legal representative(s)

Have each liquidator/executor, heir or legal representative sign or attach the document(s) authorizing the Applicant to act alone.

APPLICANT – CONTACT PERSON (Respondent)

Name _____ CIS No. _____
 Mailing address _____
 City, Province _____ Postal code _____ Telephone (day) _____ Telephone (evening) _____

IDENTIFICATION OF APPLICANT (attach photocopy)

Driver's licence Passport Provincial health insurance card No. _____ Place of issue: _____

2nd APPLICANT – CONTACT PERSON (2nd Respondent if required)

Name _____ CIS No. _____
 Mailing address _____
 City, Province _____ Postal code _____ Telephone (day) _____ Telephone (evening) _____

IDENTIFICATION OF APPLICANT (attach photocopy)

Driver's licence Passport Provincial health insurance card No. _____ Place of issue: _____

If more than two Applicants, attach a sworn affidavit with the name and particulars of the other Applicants, as well as proof of identification and CIS No.

3. MARITAL STATUS OF DECEASED (If the deceased was married under the community of property regime, the assets of both spouses must be frozen. You must also identify the assets of both spouses in Section 6.)

If the deceased was married more than once, indicate the details of each marriage. If more space is needed, attach a sworn affidavit.

Single Last name and first name of spouse at birth _____ Date of marriage or union _____
 Married Place (province, country) _____
 Civil union _____
 Marriage or civil union contract: Yes (attach) No → Matrimonial regime: Community of property (before 01/07/70) Partnership of acquests (since 01/07/70)
 Common-law spouse Last name and first name of spouse _____ Date matrimonial relationship began _____
 Legally separated (attach judgment) Last name and first name of spouse _____ Date of judgment _____
 Divorced (attach final judgment or certificate) Last name and first name of spouse _____ Date of judgment _____
 Widow(er) (attach certificate of death) Last name and first name of spouse _____ Date of death _____

4. INFORMATION ON WILL Search of will attached: Yes No

The deceased had a valid will Notarized
 Name of notary _____ Minute No. _____ Date _____
 Witnessed Holographic
 Probated Yes No
 Judgment No. _____ or Name of notary _____ Minute No. _____ Date _____
 The deceased left a valid codicil amending the last will Notarized
 Name of notary _____ Minute No. _____ Date _____
 Witnessed Holographic
 Probated Yes No
 Judgment No. _____ or Name of notary _____ Minute No. _____ Date _____
 The deceased bequeathed his/her assets to his/her spouse in a marriage contract without leaving a will after this contract was drawn up.
 The deceased died intestate.

5. REQUEST FOR PROBATE AND SEARCH OF WILL (expenses, disbursements and taxes not included)

<input type="checkbox"/> Probate and search of will	\$ 775	If fees are to be debited to an account other than the estate account, indicate which account.	Account holder (compulsory)
<input type="checkbox"/> Search of will	\$ 75		_____
<input type="checkbox"/> Certificate of death	\$ 50	If no account at National Bank, attach a cheque for the amount of the fees with your documents.	Account No. _____ Transit _____
Total fees:	\$ _____		_____

6. INVESTMENTS held at National Bank or its subsidiaries – Attach DPTCCA6 and a copy of each statement of account

Important: For investments held at National Bank Financial, please contact the advisor whose name appears on the deceased's statement of account. If assets held at National Bank do not appear in this Declaration, they will be added to the list when the request is processed by transit 1757-1.

Issuer
 NB – National Bank (accounts and deposits) NBT – National Bank Trust NBDB – National Bank Direct Brokerage
 NBS – National Bank Securities NTC – Natcan Trust Company Other (specify): _____
Indicate the issuer, information requested and payment instructions.

	Account No./ Certificate No.	Name of holder (and co-holder, if applicable)	Approximate value at death	Registered ¹	Non-registered ²	Payment instructions (on behalf of the estate or the heirs only)
				<input type="checkbox"/> Redemption <input type="checkbox"/> Rollover to spouse	<input type="checkbox"/> Redemption <input type="checkbox"/> Transfer at market value at death <input type="checkbox"/> Rollover of securities to spouse at acquisition value <input type="checkbox"/> Transfer at market value as at settlement	<input type="checkbox"/> Transfer to account: _____ Transit No.: _____ Name: _____ <input type="checkbox"/> SWIFT - Electronic transfer to bank account No. _____ / Transit _____ in the name of _____ Attach a specimen cheque. Name of financial institution: _____ Complete address of financial institution: (street/city/province/country/postal code) _____ <input type="checkbox"/> Issue a draft in the name of _____ and send to: <input type="checkbox"/> Applicant <input type="checkbox"/> Transit.
				<input type="checkbox"/> Redemption <input type="checkbox"/> Rollover to spouse	<input type="checkbox"/> Redemption <input type="checkbox"/> Transfer at market value at death <input type="checkbox"/> Rollover of securities to spouse at acquisition value <input type="checkbox"/> Transfer at market value as at settlement	<input type="checkbox"/> Transfer to account: _____ Transit No.: _____ Name: _____ <input type="checkbox"/> SWIFT - Electronic transfer to bank account No. _____ / Transit _____ in the name of _____ Attach a specimen cheque. Name of financial institution: _____ Complete address of financial institution: (street/city/province/country/postal code) _____ <input type="checkbox"/> Issue a draft in the name of _____ and send to: <input type="checkbox"/> Applicant <input type="checkbox"/> Transit.
				<input type="checkbox"/> Redemption <input type="checkbox"/> Rollover to spouse	<input type="checkbox"/> Redemption <input type="checkbox"/> Transfer at market value at death <input type="checkbox"/> Rollover of securities to spouse at acquisition value <input type="checkbox"/> Transfer at market value as at settlement	<input type="checkbox"/> Transfer to account: _____ Transit No.: _____ Name: _____ <input type="checkbox"/> SWIFT - Electronic transfer to bank account No. _____ / Transit _____ in the name of _____ Attach a specimen cheque. Name of financial institution: _____ Complete address of financial institution: (street/city/province/country/postal code) _____ <input type="checkbox"/> Issue a draft in the name of _____ and send to: <input type="checkbox"/> Applicant <input type="checkbox"/> Transit.
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Reserved for Administration				<input type="checkbox"/> Redemption <input type="checkbox"/> Rollover to spouse	<input type="checkbox"/> Redemption <input type="checkbox"/> Transfer at market value at death <input type="checkbox"/> Rollover of securities to spouse at acquisition value <input type="checkbox"/> Transfer at market value as at settlement	<input type="checkbox"/> Transfer to account: _____ Transit No.: _____ Name: _____ <input type="checkbox"/> SWIFT - Electronic transfer to bank account No. _____ / Transit _____ in the name of _____ Attach a specimen cheque. Name of financial institution: _____ Complete address of financial institution: (street/city/province/country/postal code) _____ <input type="checkbox"/> Issue a draft in the name of _____ and send to: <input type="checkbox"/> Applicant <input type="checkbox"/> Transit.
			TOTAL:			

1- RRSP/Locked-in RRSP/LIRA, RRIF/Locked-in RRIF/LIF
 2- Rollover to surviving spouse only. The rollover of securities applies only to NBS, NBDB and NBT accounts.

Rollover to spouse
 If the spouse does not have an account for the rollover, NBDB or NBT, as applicable, will contact the liquidator/executor to open the requisite accounts. For NBS, accounts should be opened in branches only if the securities are kept (rollover or transfer of securities).

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7. SAVINGS BONDS – PAPER CERTIFICATE ONLY

Issuer	Total per value (\$)	Instructions (for transfer, see Note 1)
Canada		Redemption (Regular bonds: redemption only)

1- To transfer savings bonds and Canada Premium Bonds, please complete F.15530 and attach the original certificates.
 For *Épargne placements Québec*, please complete F.15530 and attach the original portfolio statement.

8. FINANCING

IMPORTANT :

- A) Refer to CIS and the file to check whether the loan was insured. If it was insured, National Bank Life Insurance will contact the liquidator/executor.
- B) Whether or not the loan was insured, the payments **MUST** continue until the insurance claim is settled.
- C) If the loan was not insured, the loan repayment instructions are **COMPULSORY** before assets equivalent to the loan balance can be released.
- D) In the event of a joint loan, the instructions must be duly signed by the co-borrower and the liquidator/executor.

Type of loan

1 – MasterCard 2 – Personal loan 3 – Line of credit 4 – Mortgage loan 5 – Business loan 6 – Other

Indicate the number corresponding to the type of loan, the information requested and whether the loan was insured.

Loan No.	Name of co-borrower (if applicable)	Balance at death (\$)
	<input type="checkbox"/> Yes Debit the payments to the account until the insurance claim is settled	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> No Debit the payments to the account until the estate is settled AND Loan payment instructions (tick): <input type="checkbox"/> Repay the loan with the assets released when the estate is settled <input type="checkbox"/> Repay the loan as per the following instructions: _____ _____ Signature of co-borrower, if applicable	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> Yes Debit the payments to the account until the insurance claim is settled	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> No Debit the payments to the account until the estate is settled AND Loan payment instructions (tick): <input type="checkbox"/> Repay the loan with the assets released when the estate is settled <input type="checkbox"/> Repay the loan as per the following instructions: _____ _____ Signature of co-borrower, if applicable	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> Yes Debit the payments to the account until the insurance claim is settled	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> No Debit the payments to the account until the estate is settled AND Loan payment instructions (tick): <input type="checkbox"/> Repay the loan with the assets released when the estate is settled <input type="checkbox"/> Repay the loan as per the following instructions: _____ _____ Signature of co-borrower, if applicable	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> Yes Debit the payments to the account until the insurance claim is settled	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> No Debit the payments to the account until the estate is settled AND Loan payment instructions (tick): <input type="checkbox"/> Repay the loan with the assets released when the estate is settled <input type="checkbox"/> Repay the loan as per the following instructions: _____ _____ Signature of co-borrower, if applicable	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> Yes Debit the payments to the account until the insurance claim is settled	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.
	<input type="checkbox"/> No Debit the payments to the account until the estate is settled AND Loan payment instructions (tick): <input type="checkbox"/> Repay the loan with the assets released when the estate is settled <input type="checkbox"/> Repay the loan as per the following instructions: _____ _____ Signature of co-borrower, if applicable	Account No.: _____ Transit No.: _____ If at another institution, attach a specimen cheque.

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9. SAFETY DEPOSIT BOX

Box No.: _____ Name of co-holder, if applicable: _____

The inventory of the safety deposit box includes the following items (please indicate the exact amount of the cash items, as applicable):

ITEM and/or DOCUMENT	Tick if the items/documents were given to the Applicant	Amount (if applicable)
<input type="checkbox"/> Deeds of sale	<input type="checkbox"/>	
<input type="checkbox"/> Leases	<input type="checkbox"/>	
<input type="checkbox"/> Birth certificate	<input type="checkbox"/>	
<input type="checkbox"/> Cash assets	<input type="checkbox"/>	
<input type="checkbox"/> Bonds, shares	<input type="checkbox"/>	
<input type="checkbox"/> Marriage contract	<input type="checkbox"/>	
<input type="checkbox"/> Copy of mortgage deed	<input type="checkbox"/>	
<input type="checkbox"/> Insurance policy	<input type="checkbox"/>	
<input type="checkbox"/> Will (if not notarial, keep a copy)	<input type="checkbox"/>	
<input type="checkbox"/> Any document for burial of deceased	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	

I declare that I have received the above documents.

X _____ **X** _____ **X** _____
 Signature of Applicant Signature of employee 1 Signature of employee 2

Except for these documents, the contents of the safety deposit box cannot be released without the written authorization of National Bank Trust.

10. OPENING AN ESTATE ACCOUNT

Have you opened an account in the name of the estate? Yes No Account No. _____ CIS No. _____ Transit _____

Will search certificates of the *Chambre des notaires du Québec* and the *Barreau du Québec* must be provided.

11. SOLEMN DECLARATIONS AND AUTHORIZATIONS

I, the undersigned, acting as liquidator/executor heir legal representative, solemnly declare that the information herein is true.

I request the reimbursement or the transfer of the assets described in Sections 6 and 7 as well as the execution of the services requested herein. I authorize National Bank Trust Inc. to carry out the necessary steps to render these services and to deduct its expenses, disbursements and fees from the funds of the estate held by National Bank of Canada or its subsidiaries and to deposit any balance directly to the estate account, as applicable. I personally undertake to pay National Bank Trust Inc. if the funds held by National Bank of Canada or its subsidiaries or if the estate funds are insufficient or if the fees, expenses and disbursements were not deducted from the funds held by National Bank of Canada or its subsidiaries.

I acknowledge that the responsibility of National Bank Trust is limited specifically to the activities performed with regard to the services required herein and in accordance with their terms and conditions. I therefore specifically relieve National Bank Trust and the subsidiaries of National Bank of all liability or consequence that may result from the performance of any other activities or the non-performance of activities not included in this mandate.

I authorize National Bank Trust, as well as any subsidiaries associated with National Bank and concerned by these activities, to collect from any person who may hold this information, all the personal information required, concerning the deceased and myself, as necessary, in order to execute this mandate, namely, to release the deceased's assets. I also authorize National Bank and its subsidiaries to communicate any personal information required in that regard to any person or organization acting in cooperation with National Bank, including any supplier, representative or outside agent such as, in particular, any financial institution, the *Directeur de l'État civil*, notary, lawyer, accountant, etc., as required to execute this mandate, namely, to release the deceased's assets. Moreover, I acknowledge that National Bank and its subsidiaries, if applicable, may use this information to comply with all applicable and compulsory legislation or regulation, such as, in particular, tax laws requiring the issuance of tax slips on which the deceased's social insurance number may appear, as applicable.

This consent is given for the specific purposes indicated herein and only until such time as said purposes have been fulfilled. I acknowledge that I know my rights and powers, except if otherwise specified by law, to prohibit National Bank and its subsidiaries, from using and communicating personal information collected for the purpose of this mandate, by advising them in writing in that regard, and, in that event, I will be informed of the consequences of prohibiting the use or disclosure of this information.

I make this solemn declaration, conscientiously believing it to be true and knowing that it has the same effect as if it were made under oath, in accordance with the *Canada Evidence Act*.

I understand that a \$50 charge will apply for releasing assets held at National Bank and/or other applicable charges by National Bank subsidiaries, if applicable.

at _____ (place)

X _____
Signature of Applicant

on _____ (date)

X _____
Signature of Applicant

Transit _____

Commissioner for Oaths/lawyer/notary Seal

Authorized representative