



CLAIMANT’S DECLARATION AND INDEMNIFICATION DESIGNATION

In the matter of the Estate of _____
Late of _____ in the Province of _____
Social Insurance Number: _____

I, _____, of _____, in
the Province of _____ do hereby certify that I am the
_____ of the deceased and that I have personal knowledge of
all matters herein referred to and DO SOLEMNLY DECLARE:

1. That the deceased died on the _____ day of _____, 20_____
2. That the Deceased is one and the same person that appears on the records of **League Savings and Mortgage Company** as the holder of a Tax Free Savings Account (TFSA), contract No(s) _____
3. That because:

- I am named beneficiary under the above referenced TFSA contract (s) by designation on a prescribed form or in the deceased’s Will , a notarial/certified copy of which is attached hereto
- I am named Successor Holder under the above referenced TFSA Contact(s) by designation form(s), a notarial/certified copy of which is attached

I am entitled to proceeds held in the above contract(s) and I claim the said funds as a designated beneficiary on the said contract.

4. That my birth date is _____
5. That my Social Insurance Number is _____
6. That my permanent residential address is

7. That in consideration of the proceeds being paid or transferred to me, on behalf of myself and my heirs, executors and administrators, I do covenant and agree at all times to save harmless and keep indemnified League Savings and Mortgage Company and their respective successors or assigns, from all actions, suits, or other claims or demands of any nature whatsoever and also from and against all costs, damages, interest and expenses which they may bear or incur for any reason or which may arise as a result of their paying or transferring the said proceeds to me and I hereby agree to execute on demand any further releases, indemnities or discharges required of me in this regard.

Therefore, I request that my entitlement to the above investment(s) be:

Spouse or Common Law Partner as Successor Holder:

Holder changed into my name

Designation of Beneficiary

Contributed as exempt contribution to my contract # _____

Redeemed and paid to me (does not apply to Successor Holder).

Send cheque to:

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Declared before me at _____)
 _____, in the _____)
 Province of _____, this _____)
 day of _____, A.D, 20____)

 Signature of Claimant

 A Commissioner for Oaths/Notary Public
 In and for the Province of _____
 My appointment expires on _____