

DECLARATION OF TRANSMISSION BY DEATH

For estates handled by intermediaries only

Employee's Name _____

Branch Address _____

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Transit No.

**ALWAYS ATTACH THE CLIENT'S PROFILE ANSWER
 ALL QUESTIONS INDICATED IN THE MARGIN**

Surname, first name, address and capacity of declarant(s).

I/WE, _____ the undersigned,

domiciled at _____

and acting in my/our capacity as _____
 (heir(s)) (attorney(s))

_____ do solemnly declare:
 (liquidator(s))

Surname, first name, age and Social Insurance No. of the deceased.

1. THAT _____
 (Surname and first name of deceased) (If married woman, give maiden name) (Social Insurance Number) (Date of birth)

in his/her lifetime domiciled at _____

died at _____ on the _____

day of _____, at the age of _____ years.

Was the deceased single, married, divorced, separated or widowed?

2. THAT THE DECEASED WAS:

If widowed:
 Indicate the spouse's date of death.

For marriage or civil union.
 Indicate the date, spouse's name and matrimonial regime, namely: common as to property OR separate as to property OR partnership of acquests.

For a marriage contract or civil union.
 Indicate the date, name of the notary and the number of his/her minutes.
For a separation or divorce judgment:
 Indicate the date of these events.

If more than one marriage:
 Indicate all this information for each marriage.

Please tick if the contract affects the distribution of the assets of the estate.

IMPORTANT: Produce any marriage contracts or copies of the judgment granting separation or the decree absolute of divorce or the divorce certificate.

For a notarial will
 Indicate the date, name of the notary and the number of his/her minutes.
For a holograph will OR one signed before two witnesses and if probated. give the date and number of the judgment of the court. If probated by a notary: indicate the date, name if the notary and the number of his/her minutes. The same particulars are required for any codicil.

3- THAT THE DECEASED LEFT A LAST WILL (and codicils, if any) which have not been revoked or altered, namely:

- PRODUCE THE WILL, CODICILS AND JUDGMENT.

Provide the names of all the legal heirs.

If there are any minors or incapable persons, produce the judgment naming the tutor or curator and authorizing him/her to accept or refuse the estate.

4- THAT THE DECEASED DIED INTESTATE AND THAT HIS/HER SOLE HEIRS UNDER LAW ARE LISTED BELOW (N.B.: If more space is required, please continue on a separate sheet):

SURNAME	FIRST NAME	RELATIONSHIP	AGE IF MINOR

5- THAT AMONG THE ASSETS INCLUDED IN HIS/HER ESTATE, THE DECEASED HELD WITH NATIONAL BANK OF CANADA AND/OR NATCAN TRUST COMPANY AND/OR NATIONAL BANK TRUST INC. LOCATED AT

(address(s))

N.B. If more space is required, please continue on a separate sheet.

DESCRIPTION OF ASSETS AND INSTRUCTIONS	
A) Deposit Account(s)	(Indicate co-holders, if applicable. Indicate the deceased's assets if married "common as to property")
- Name(s) of registered owner(s)	
- Date opened	
- Account No.	
- Amount (\$)	
- Name(s) of registered owner(s)	
- Date opened	
- Account No.	
- Amount (\$)	
- Name(s) of registered owner(s)	
- Date opened	
- Account No.	
- Amount (\$)	

B) Investment(s)	DESCRIPTION	INSTRUCTIONS
- Name(s) of registered owner(s) _____		
- Account No. _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. of certificates (if applicable) _____		_____
- Amount (\$) _____		_____
- Name(s) of registered owner(s) _____		
- Account No. _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. of certificates (if applicable) _____		_____
- Amount (\$) _____		_____
- Name(s) of registered owner(s) _____		
- Account No. _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. of certificates (if applicable) _____		_____
- Amount (\$) _____		_____

FOR ALL RRSPs AND RRIFs (Provide a completed and signed form T-2033 for transfers to an outside financial institution).

Has the owner designated a beneficiary? In this case only, give the name of the designated beneficiary and produce the document confirming this designation.

C) RRSP / Locked-in RRSP / Lira		
- Name(s) of registered owner(s) _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. _____		_____
- No. of certificates (if applicable) _____		Designated beneficiary, if applicable
- Amount (\$) _____		_____
- Name(s) of registered owner(s) _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. _____		_____
- No. of certificates (if applicable) _____		Designated beneficiary, if applicable
- Amount (\$) _____		_____
- Name(s) of registered owner(s) _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. _____		_____
- No. of certificates (if applicable) _____		Designated beneficiary, if applicable
- Amount (\$) _____		_____
D) RRIF / LIF		
- Name of registered owner _____		<input type="checkbox"/> Redemption or <input type="checkbox"/> Transfer to:
- No. _____		_____
- Amount (\$) _____		Designated beneficiary, if applicable

