

PRIMERICA LIFE INSURANCE COMPANY OF CANADA
6985 Financial Drive, Suite 400, Mississauga ON, L5N 0G3

FOREIGN DEATH QUESTIONNAIRE

Policy Number: _____

Personal Information of Deceased

Last Address in Canada: _____

Date of Birth: _____ Place of Birth: _____

Other Life Insurance Contracts: () Yes () No If Yes, List Carriers, Policy Numbers and Amount:

Driver's License # _____ Occupation _____

Citizenship: _____ Passport # _____

Name of family physician here in Canada: _____

Travel Information

Date deceased left Canada: _____ Intended Length of trip: _____

Intended Itinerary: _____

Purpose of trip: _____ If business purpose, names of business contacts:

Airline used: _____ Flight # _____ Airport Departed _____

Any stopovers? _____ If so, Where _____ Length of Stay _____

Was a return flight booked? _____ If so, date of return _____ (enclose copy of ticket)

Details of Death

Full foreign address at time of death: _____

Telephone number: _____

Place of Death: _____ Time of Death _____

Cause of Death _____

Hospital and Address _____ (attach hospital report)

Name of Attending Physician(s) _____

Name of Physician certifying Death _____

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Autopsy () Yes () No (attach report if Yes) Inquest involved () Yes () No

Was the Embassy or Consulate involved? () Yes () No. If Yes, Name of Liaison Officer: _____

Name of Police Officer and Department involved: _____

Names and addresses of witnesses: _____

Names and addresses of individuals who contacted Emergency Services and or Hospital _____

Details of Burial (please provide invoices for funeral services/cemetery)

Name and address of Cemetery: _____

Name and address of person presiding: _____

Date of burial: _____ (Please provide invoices from cemetery)

I hereby declare that the above information is true to the best of my knowledge and belief.

Signed _____ Dated _____
