

Incurer.	National	Rank	I if△	Insurance	Company

REFERENCE:						
DECEASED'S NAME:						
DATE OF DIDTH	YYYY	, мм	DD			

I hereby authorize any individual or company with information concerning the deceased, his or her state of health, insurability or entitlement to benefits, namely physicians, hospitals, medical or paramedical clinics, insurance companies and the Medical Information Bureau (MIB Inc.), to communicate such information to National Bank Life Insurance Company or its administrator. I

DATE OF BIRTH: also consent that an investigation report concerning the deceased be requested. Date (YYYY-MM-DD) Signature of Estate Representative 14075-512 (2013-06) National Bank Insurance is a trademark of National Bank of Canada and some of its subsidiaries NATIONAL **REFERENCE:** BANK DECEASED'S NAME: INSURANCE YYYY мм חח DATE OF BIRTH: Insurer: National Bank Life Insurance Company I hereby authorize any individual or company with information concerning the deceased, his or her state of health, insurability or entitlement to benefits, namely physicians, hospitals, medical or paramedical clinics, insurance companies and the Medical Information Bureau (MIB Inc.), to communicate such information to National Bank Life Insurance Company or its administrator. I also consent that an investigation report concerning the deceased be requested. Signature of Estate Representative Date (YYYY-MM-DD) 14075-512 (2013-06) National Bank Insurance is a trademark of National Bank of Canada and some of its subsidiaries. NATIONAL REFERENCE: DECEASED'S NAME: INSURANCE DATE OF BIRTH: Insurer: National Bank Life Insurance Company I hereby authorize any individual or company with information concerning the deceased, his or her state of health, insurability or Signature of Estate Representative Date (YYYY-MM-DD) 14075-512 (2013-06)

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Signature of Estate Representative

Date (YYYY-MM-DD)