

APPENDIX A



ESTATE POLICY DISBURSEMENT RELEASE FORM FOR DECEASED MEMBER

I, _____, the Executor/Estate Trustee/ Next of Kin for the **Estate of**
(Please circle one of the above)
_____, Registration # _____, who died on _____,

hereby release and forever discharge the Mississaugas of the Credit Band Council and it's successors for any and all responsibility for the Estate Policy Disbursement and I hereby accept full responsibility for said Estate Disbursement.

Signature

Witness

Name (PLEASE PRINT)

Name (PLEASE PRINT)

Date

Date

Address

Address

Telephone #

Telephone #

DECEASED MEMBER: Please enclose the following documents:

Last Will & Testament: _____
Appointment of Executor/Administrator: _____
Original Proof of Death Certificate: _____

Original Status Card: _____
Other Photo ID: _____

APPLICANT: Please enclose copies of two (2) pieces of photo ID with signature (front & back), preferably both.

Status Card: _____ Driver's License: _____ Passport: _____ Health Card: _____

Birth Certificate: _____ Other: _____

Please check one box:

Mail out cheque

Pick up cheque

NO FAX OR EMAIL COPIES WILL BE ACCEPTED

For Office use only:

Cheque # _____

Picked Up: _____

Mailed _____:

Effective: October 1, 2010