

ESTATE POLICY DISBURSEMENT

RELEASE FORM FOR DECEASED MEMBER

l,	, the Executor	r/Estate Trustee/ Next of	f Kin for the Estate of	
	, Re	egistration #	, who died on	
	, hereby release and foreve	r discharge the Mississau	ugas of the Credit Band Council and	
it's successors for any and	all responsibility for the Estate F	Policy Disbursement and	I hereby accept full responsibility for	
said Estate Disbursement.				
Cignatura		 Witness		
Signature		withess		
Name (PLEASE P	RINT)	Name (F	PLEASE PRINT)	
Date		Date		
Address		Address		
Telephone # Te		Telephone #	Telephone #	
Last Will & Testament:	ease enclose the following docu	ments: Original Status Ca Other Photo ID:	rd:	
Appointment of Executor/Administrator: Original Proof of Death Certificate:				
APPLICANT: Please end	close copies of two (2) pieces of	photo ID with signature	(front & back), preferably both.	
Status Card: Birth Certificate:	Driver's License: Other:		Health Card:	
Please check one box:				
	il out cheque <mark>IO FAX OR EMAIL COP</mark>	Pick up o	•	
	IO I AX ON LIVIAIL COI	ILS WILL DE ACC		
For Office use only:				
Cheque #	Picked Up:	Mailed:		
Account Description:	Account:	Account: Department:		
Amount:	Signature:		Effective: October 1, 2010	