APPENDIX A

ESTATE POLICY DISBURSEMENT

RELEASE FORM FOR DECEASED MEMBER

I, _____, the Executor/Estate Trustee/ Next of Kin for the **Estate of** _____, 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 Signature
_____	_____
Name (PLEASE PRINT)	Name (PLEASE PRINT)
_____	_____
Date	Date
_____	_____
Address	Address
_____	_____
Telephone #	Telephone #

DECEASED MEMBER: Please enclose the following documents:

Last Will & Testament: _____ Original Status Card: _____

Appointment of Executor/Administrator: _____ Other Photo ID: _____

Original Proof of Death Certificate: _____ _____

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** ☐ **EFT**

NO FAX OR EMAIL COPIES WILL BE ACCEPTED

For Office use only:

Cheque # _____ Picked Up: _____Mailed: _____

Account Description: _____ Account:_____ Department:_____

Amount:_____ Signature:_____

Effective: October 1, 2010