

Please complete a separate form for each claimant for each account.  
For further estate settlement inquiries, please contact Starlight Capital at 1-833-290-2606.

## 1. INFORMATION ABOUT YOU (THE CLAIMANT)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Last Name	First Name	Initials	Date of Birth	Social Insurance Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Telephone	Country of Residence	Affiliation to the Deceased		

### Select one of the following:

- You are the named beneficiary    
  You are the estate trustee or legal representative    
  You are the financial trustee for the minor beneficiary

<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Minor beneficiary's first and last name	Date of Birth	Social Insurance Number*

- Other (please specify) \_\_\_\_\_

## 2. INFORMATION ABOUT THE DECEASED

<input type="text"/>				
Starlight Account Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>
Last Name	First Name	Initials	Date of Birth	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Province/Country of Residence	Marital Status at the Time of Death	Social Insurance Number*		

### Name and address of the legal representative for the estate (estate trustee, the liquidator of the estate or administrator) (MANDATORY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Initials	Address (Street, City, Province, Postal Code)

## 3. INFORMATION ABOUT METHOD OF PAYMENT

- A. Redeem Funds**    
  Make cheque payable to: \_\_\_\_\_

<input type="text"/>
Mailing Address

- Electronic fund transfer to bank account provided\* (please attach a copy of a void cheque)

### B. Transfer

<input type="checkbox"/> Transfer to a Starlight account	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Starlight Mutual Fund Account Number	Social Insurance Number*	Receiving Account Holder's Name

\*Under the Income Tax Act, your SIN is required by any person/institution preparing an information slip for you.

**B. Transfer (Continued)**

Choose your investments for receiving account:

Fund Name	Fund Code	Sales Commission	Gross Amount or Percentage	
			\$	%
			\$	%
			\$	%
			\$	%
If no investment instructions are provided, the funds will be transferred as is.		<b>Total</b>	\$	%

Transfer Funds to another financial Institution

In-Kind     In-Cash    Institution

Account Number

Registration/Plan Type

Address

Receiving Account Holder's Name

Social Insurance Number

**C. Continue Original Investment Terms**

Mutual fund registered retirement income fund (RRIF):

Continue existing RRIF plan as successor annuitant (applicable only if surviving spouse is named as a successor annuitant).

If spouse is named as the beneficiary, transfer (60L) the funds to the surviving spouse's RRSP / RIF.

## 4. FURTHER INSTRUCTIONS

## 5. AUTHORIZATION, DISCHARGE AND INDEMNITY

The undersigned agrees that, upon completion of above direction, Starlight Capital ("Starlight"), and any of their affiliates, will be discharged of liability under the policies/accounts held by or insuring the deceased to the extent of the amount paid. The undersigned hereby indemnifies and agrees to hold Starlight harmless against all claims of whatsoever nature and by whoever made, inclusive of all legal costs on a solicitor and his own client basis that may be made against Starlight arising from this form.

	DD/MM/YYYY
Signed at	Date
	X
Claimant's Name	Claimant's Signature

**Claim must be signature guaranteed by a registered dealer/broker, bank or trust company.**

Signature Guarantee Stamp  
Mandatory

Signature guaranteed by:
Institution:
Contact Name:
Contact Number:

**Starlight Capital**

c/o RBC Investor & Treasury Services, 3rd Floor Imaging  
155 Wellington St West, Toronto, ON M5V 3L3

**Customer service**

Phone: 1-833-290-2606  
Fax: 1-866-716-2977

Email: [info@starlightcapital.com](mailto:info@starlightcapital.com)