



# BENEFICIARY- L 128 DEATH ASSESSMENT

\_\_\_\_\_  
**Social Insurance No**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Birthdate (mm/dd/yy)

\_\_\_\_\_  
Signature

**BENEFICIARY**

*If same address as member please check*

\_\_\_\_\_  
Beneficiary Name

\_\_\_\_\_  
Beneficiary Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date