

Unclaimed Property – Search Request

Your Information (Individual Requesting Information)

Last Name		First Name	
Address (street number and name)			Apartment or Suite
City	Country	Province/State	Postal Code/Zip Code
Phone number		Email address	

Please describe your relationship to the owner of the unclaimed property (i.e. policyholder, owner/annuitant, spouse, beneficiary, executor, Power of Attorney, etc.):

About the Group Annuity Policy

1. Fill out as much of this section as you can. If you don't know something, leave it blank.

Group Annuity Policy Number		Certificate Number	
Name of the Policyholder		Name of the Former Employer	
Name of the Registered Pension Plan			
Last Name of Annuitant		First Name of Annuitant	
Address (street number and name)			Apartment or Suite
City	Country	Province/State	Postal Code/Zip Code

2. Annuitant date of birth (dd-mm-yyyy): _____

3. Is the owner/annuitant still living? ☐ Yes ☐ No

(If you answer "No", please tell us the date they passed away (dd-mm-yyyy): _____)

Confirm your Identity

Please include a copy of two pieces of identification (i.e. driver's licence, passport, birth certificate). At least one of them needs to include your photo.

If you are not the unclaimed property owner/annuitant, please also submit a copy of the document which provides you with the authority to make the request (i.e. Power of Attorney, a will showing you're the executor of the owner's estate, beneficiary designation form under the registered pension plan, etc.) and a copy of a piece of the owner's personal identification.

Mail us your form and ID information

Send your completed form and identification documents to:

**Blumont Annuity Company
630 René-Lévesque Blvd West
Suite 2200
Montreal, QC H3B 1S6
Attention: Member Services Centre**

For data security and privacy purposes, we strongly recommend that you do **not** include any personal information in an email.

Please note that it may take some time for us to search our system. We will get back to you in 4 to 6 weeks.

Consent

I am authorized to disclose the information provided on this form to Blumont Annuity Company (Blumont Annuity), its agents and service providers. I hereby consent to the collection, use, and disclosure of this information by Blumont Annuity, its agents and service providers, to its subsidiaries and affiliates, some of which may be located outside of Canada, for the purposes of conducting an unclaimed property search of its own records and disclosing the results of its search to me.

Print Name	Signature	Date signed (dd-mm-yyyy)
	X	