



# DIRECTION AND INDEMNITY

## FOR THE RELEASE OF ASSETS HELD WITH EQUITABLE BANK

### DECEASED INFORMATION

FULL NAME	DATE OF DEATH
ADDRESS AT DATE OF DEATH	MARITAL STATUS

### ASSETS HELD WITH EQUITABLE BANK

CUSTOMER NUMBER (IF KNOWN)

CERTIFICATE NUMBER	REGISTRATION	AMOUNT

PLEASE ATTACH A LIST IF THERE ARE MORE THAN 3 INVESTMENTS

### CLAIMANTS COMPLETE SECTIONS 1) OR 2) AS APPROPRIATE

1) **PROBATE/ ADMINISTRATION GRANTED**

I/WE  OF  AND   
 OF

RELATIONSHIP TO THE DECEASED

AM/ARE THE EXECUTOR(S)/ LIQUIDATOR OF THE DECEASED'S ESTATE, AS EVIDENCED BY CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE(S)/ LETTERS OF ADMINISTRATION/ LETTERS OF PROBATE OR GRANT OF PROBATE, A NOTORIZED COPY OF WHICH IS ATTACHED.

2) **NO PROBATE/ ADMINISTRATION**

I/WE  OF  AND   
 OF

RELATIONSHIP TO THE DECEASED

AM/ARE THE EXECUTOR(S) OF THE DECEASED'S ESTATE. IT IS NOT THE INTENTION OF THE BENEFICIARY(IES) TO APPLY FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE(S)/ LETTERS OF ADMINISTRATION/ LETTERS OF PROBATE/ GRANT OF PROBATE. I/WE CERTIFY THAT THE DECEASED HAD NOT MARRIED OR DIVORCED SINCE THE DATE OF THE LAST WILL AND TESTAMENT AND THAT THERE ARE SUFFICIENT ASSETS TO MEET ALL LIABILITIES OF THE ESTATE.

### BENEFICIARY(IES) COMPLETE SECTIONS 1) OR 2) AS APPROPRIATE

TRANSFER  REDEEM THE ASSETS LISTED ABOVE;

1) INTO THE NAME OF THE ESTATE OF THE DECEASED (IF NO PROBATED WILL PROVIDED)

ADDRESS ON FILE OR  MAIL TO

2) TO THE BENEFICIARY(IES) NAMED BELOW *APPLICABLE ONLY WHEN PROBATE OR EQUIVALENT DOCUMENTATION HAS BEEN RECEIVED*

FULL NAME	ADDRESS	SIN	DATE OF BIRTH M/D/Y

### ACKNOWLEDGEMENT

IN CONSIDERATION OF THE TRANSFER OF THE ASSETS LISTED ABOVE, I/WE AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY AND HOLD HARMLESS EQUITABLE BANK AGAINST ALL CLAIMS, DEMANDS, ACTIONS, SUITS, PROCEEDINGS, ASSESSMENTS, LOSSES, DAMAGES, COSTS, EXPENSES AND DISPERSMENTS WHICH MAY ARISE AS A RESULT OF THE TRANSFER OF ASSETS AS DIRECTED.

THIS INDEMNITY IS BINDING ON MY/OUR HEIRS ADMINISTRATORS, EXECUTORS, PERSONAL REPRESENTATIVES AND ASSIGNS.

I/WE HAVE MADE THIS SOLEMN DECLARATION CONSCIENTIOUSLY, BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE BY VIRTUE OF THE CANADA EVIDENCE ACT.

(SEVERALLY) DECLARED BEFORE ME IN THE \_\_\_\_\_

OF \_\_\_\_\_ IN THE \_\_\_\_\_ OF \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

COMMISSIONER OF OATHS NOTARY  
PUBLIC IN AND FOR \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT'S SIGNATURE