



Insurer: National Bank Life Insurance Company

REFERENCE: _____

DECEASED'S NAME: _____

DATE OF BIRTH:

YYYY	MM	DD
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I hereby authorize any individual or company with information concerning the deceased, his or her state of health, insurability or entitlement to benefits, namely physicians, hospitals, medical or paramedical clinics, insurance companies and the Medical Information Bureau (MIB Inc.), to communicate such information to National Bank Life Insurance Company or its administrator. I also consent that an investigation report concerning the deceased be requested.

Signature of Estate Representative

Date (YYYY-MM-DD)

14075-512 (2013-06)
National Bank Insurance is a trademark of National Bank of Canada and some of its subsidiaries.



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