Desjardins

Statement of transmission by death

Client number

Important: This document applies only to Quebec's estates.

Section 1 – Information about the estate

Estate of:

Date of death (YYYY-MM-DD): _____

Residence at time of death

City: _____ Province: _____ Country: _____

Marital status of the deceased

☐ Single ☐ Married or in a civil union ☐ Widowed ☐ Legally separated (separation court judgment)
☐ Divorced ☐ Dissolved civil union ☐ Living common law

Section 2 – Information about the will or marriage contract

Did the deceased leave a will or a marriage (or civil union) contract containing testamentary dispositions?

☐ **Yes, the deceased left a will.**

As liquidator, I confirm that I have provided the deceased's last will and that it was not revoked (cancelled) before their death.
The will is: _____

Provide the will and proof that the will is duly probated (if holograph or made in the presence of witnesses)[1].

Is there a document amending the will (codicil)? _____

Provide the codicil and proof that the codicil is duly probated (if holograph or made in the presence of witnesses)[1].

☐ **Yes, the deceased left a marriage (or civil union) contract containing testamentary dispositions (the surviving spouse inherits all of the deceased's property).**

As liquidator, I confirm that the testamentary dispositions in the contract were not revoked (cancelled) before the deceased's death.

Provide the marriage or civil union contract.

☐ **No, the deceased did not leave a will and did not have a marriage or civil union contract containing testamentary dispositions.**

Provide the notarized declaration of heredity.

Additional information or documents (where applicable)

[1] If a notary has probated the will, provide the minutes of the probate. If a court has probated the will, provide the probate judgment.

Section 3 – Information about the liquidator(s)

Liquidator 1

☐ Mr. ☐ Ms. Last name: _____ First name: _____

Home address

No. and street: _____ Apt.: _____

City: _____ Province: _____ Country: _____ Postal code: _____

Other information

Telephone (business): _____ Telephone (home): _____ Telephone (mobile): _____

Email address: _____

Liquidator 2

☐ Mr. ☐ Ms. Last name: _____ First name: _____

Home address

No. and street: _____ Apt.: _____

City: _____ Province: _____ Country: _____ Postal code: _____

Other information

Telephone (business): _____ Telephone (home): _____ Telephone (mobile): _____

Email address: _____

Liquidator 3

☐ Mr. ☐ Ms. Last name: _____ First name: _____

Home address

No. and street: _____ Apt.: _____

City: _____ Province: _____ Country: _____ Postal code: _____

Other information

Telephone (business): _____ Telephone (home): _____ Telephone (mobile): _____

Email address: _____

How were you appointed as liquidator?

☐ By will or codicil (containing a designation of the liquidator)

☐ By marriage or civil union contract (containing a designation of the liquidator)

☐ By judgment

☐ By a designation of the majority of the heirs made before a notary

Section 4 – Assets held by the deceased

Client number of the deceased: |___|___|___|___|___|

List of securities registered in the name of the deceased in the Desjardins Securities Inc. (Desjardins Securities) registers:

Quantity	Description	Certificate number (if applicable)

Note: If there is insufficient space in the table below, please attach a document listing all the above-mentioned securities.

Declaration by liquidator(s)

We declare that the deceased and the person named on the certificate(s) are the same person. At the time of death, the above securities were held by the deceased and were at:

City: _____ Province: _____

Based on the foregoing, these titles vest in me (we) as liquidator (our) and request that:

☐ A rollover to the spouse's account be made[2]: ☐ as of today's date ☐ at book value

Spouse's account number: |___|___|___|___|___|___|___|

☐ The securities are registered in Desjardins Securities' registries in an estate account at: ☐ fair market value (FMV) ☐ at book value[3]

Section 5 – Signature of the liquidator(s)

_____ X _____ _____

Name of the first liquidator (in block letters) Signature of the first liquidator Date (YYYY-MM-DD)

_____ X _____ _____

Name of the second liquidator (in block letters) Signature of the second liquidator Date (YYYY-MM-DD)

_____ X _____ _____

Name of the third liquidator (in block letters) Signature of the third liquidator Date (YYYY-MM-DD)

[2] Possible only for registered account.

[3] Possible only for non-registered account and if the heir is the spouse.