

**PART-TIME AND SEASONAL
EMPLOYEES OF THE PROVINCE OF
NEW BRUNSWICK**

**GROUP RETIREMENT PENSION PLAN
ADMINISTRATION GUIDE**

Policy No. RS100894

*The Standard Life Assurance Company of Canada
February 2011*

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Termination Form
Miscellaneous Change Form
Notice of Death Form**

INTRODUCTION

Welcome to Standard Life. As specialists in group retirement plans, it is our goal to look after all the details of your plan, so you're free to concentrate on what is important to you.

At Standard Life, we operate as a team, committed to providing you with prompt, courteous and reliable service. In order to ensure that all your needs relating to your group retirement plan are handled promptly and reliably, we are pleased to provide you with the telephone, fax number and e-mail address of your Service Representative:

Marthe Chiasson
Service Representative
(Montreal)

Tel: 1-800-242-1704 Ext.5673
Fax: (514) 499-4480
E-Mail:
retirement.solutions@standardlife.ca

Standard Life Assurance Company of Canada
c/o Marthe Chiasson
Group Savings & Retirement - Client Services
P.O. Box 11464, Succ. Centre-ville
Montreal, QC H3C 5M3

This Group Retirement Pension Plan administration guide has been designed to help make your job as payroll/benefits administrator for the *Part-time and Seasonal Employees of the Province of New Brunswick* as easy as possible. The kit contains all the information you need to handle member enrolment, terminations, contributions and changes.

ENROLLING A NEW MEMBER

◆ *When does a member become eligible?*

Members are immediately eligible to join the plan. Please refer to your **employee booklet** for more details or visit the enrolment website at the following link:

<http://www.standardlife.ca/enrolment/nb/en/investment.html>

We encourage you to direct employees to this same link, so that they might access the most current employee booklet and better understand the benefits of their program.

◆ *How do I enroll a new member?*

You have been supplied with the employee booklets and Application forms. You can request additional employee booklets or Application forms at any time from the Pensions and Employee Benefits, Office of Human Resources. The toll-free number is 1-800-561-4012.

Members can direct any questions regarding the plan, investment options or forms, directly to Standard Life at the *Financial Service Centre 1-800-242-1704*. Members will be communicating with salaried, licensed Financial Representatives.

Furthermore, we support a paperless environment and we encourage you to direct employees to the following link:

<http://www.standardlife.ca/enrolment/nb/en/investment.html>

ENROLLING A NEW MEMBER

◆ *Where do I send completed Application Forms?*

Once you've received a completed Application Form, please verify that all the *basic** information is accurate, ensure that the **Division Name and Number** and **Bargaining Unit** are indicated and sign it.

You should then send the completed form(s) to:

Standard Life Assurance Company of Canada
Marthe Chiasson
Group Savings & Retirement - Client Services
P.O. Box 11464, Succ. Centre-ville
Montreal, QC H3C 5M3

If the plan member is transferring funds from another pension plan or Group RRSP, please include any T2033/T2151 forms.

A Sample Application Form can be found in the Appendix entitled *"Instructions for completing the Group Pension Plan Application"* accompanied by a separate guideline on how to complete the form.

**See Appendix for definition of "basic" information*

CONTRIBUTIONS

You can choose to report member **contribution information** under your plan, using:

- An Excel or Lotus spreadsheet
- Electronic file sent via email to retirement.solutions@standardlife.ca

You may send **funds** to Standard Life by:

- Electronic Funds Transfer
- Cheque (to accompany data on electronic file) made payable to **Standard Life Canada**

◆ All contribution remittances should be preceded by the covering memo (indicating your Division number). A **sample** is enclosed in the Appendix entitled *“Covering Memo for Remittances”*.

Please send a copy of your Covering Memo to:

**Pensions and Employee Benefits,
Office of Human Resources**

by mail to:

P.O. Box 6000
Fredericton, NB, E3B 5H1

or fax:

(506) 453-3214

If possible, make any adjustments to the current month's member contribution. For example, reduce the current contribution being submitted to Standard Life at source and adjust your electronic contribution file accordingly.

REMINDER:

| |
|---|
| Contribution information and funds must reach Standard Life by 4 pm (ET) in order to be invested on the same business day. If information arrives after 4 pm (ET) investment will occur on the next business day. |
|---|

TERMINATIONS & RETIREMENTS

Note: “Terminating employee” does not mean moving from Part-Time to Full-Time or Part-Time to Casual.

◆ *Who do I inform when a member terminates employment OR retires?*

Simply complete the enclosed **NOTICE OF TERMINATION OR RETIREMENT** form. A sample is enclosed within the Appendix entitled “*Termination Form,*” and fax it to the Group Savings & Retirement Member Services *Financial Service Centre at 1-800-260-4921.*

A member of the Standard Life Member Services Team will communicate with the member to discuss options on termination or retirement and arrange for settlement of the member’s account.

◆ *How does a member select an option for his/her pension benefits?*

A disclosure statement stipulating the member’s options will be produced upon receipt of the **NOTICE OF TERMINATION OR RETIREMENT** form and will be mailed to the member’s home.

Once the member has made a decision, the member should return the signed disclosure statement along with a T2151, Locking-In Agreement etc. (if applicable) to:

**Standard Life Assurance Company of Canada
c/o Marthe Chiasson
Group Savings & Retirement - Client Services
P.O. Box 11464, Succ. Centre-ville
Montreal, QC H3C 5M3**

LEAVES OF ABSENCE

◆ *How does a member make contributions while on a leave of absence?*

A member may continue contributions during certain leaves of absence (maternity/parental or disability – refer to Plan Document for more information).

The member must pay contributions at the same intervals as if the member were active (bi-weekly/monthly).

Contributions should be paid to the employer and then remitted with the employer's regular remittance for proper employer matching and reporting.

Please complete the **TRANSFER OR CHANGE IN EMPLOYMENT STATUS** Form, a sample is enclosed within the Appendix entitled "*Transfer or Change in Employment Status Form*", at the beginning of the leave period.

You should then send the completed form(s) to:

**Standard Life Assurance Company of Canada
c/o Marthe Chiasson
Group Savings & Retirement - Client Services
P.O. Box 11464, Succ. Centre-ville
Montreal, QC H3C 5M3**

MISCELLANEOUS

- ◆ *How does a member advise Standard Life of non-financial changes? For example, name change, beneficiary change or a change in marital status*

For beneficiary changes, the member must complete a **MISCELLANEOUS CHANGE** Form, a sample is enclosed within the Appendix entitled "*Miscellaneous Change Form*", and forward the original to:

**Standard Life Assurance Company of Canada
c/o Marthe Chiasson
Group Savings & Retirement - Client Services
P.O. Box 11464, Succ. Centre-ville
Montreal, QC H3C 5M3**

For address changes, members should contact the Standard Life *Financial Service Centre at 1-800-242-1704 or use their Personal Identification Number (PIN) to access the VIP Room plan member website (www.standardlife.ca) and record the changes there.*

- ◆ *How do I report if a member is moving from one employer to another?*

Please complete the **TRANSFER OR CHANGE IN EMPLOYMENT STATUS** Form, a sample is enclosed within the Appendix entitled "*Transfer or Change in Employment Status Form*" prior to the first remittance on the next payroll.

- ◆ *How do I advise Standard Life if a member dies?*

Simply send a **NOTICE OF DEATH** form (See a sample within the Appendix entitled "*Notice of Death Form*", to the attention of your Service Representative- by fax/mail/e-mail at: retirement.solutions@standardlife.ca , while including the following information:

- Name and last address of deceased member
- Social Insurance Number
- Date of Death

APPENDIX

Instructions for completing the Group Pension Plan Application (Enrolment Form) – Current Form Available at:
<http://www.standardlife.ca/enrolment/nb/en/investment.html>

| | |
|---|---|
| <p>1. In the Plan Sponsor Authorization section, the <u>Plan Administrator</u> must provide:</p> | <ul style="list-style-type: none"> • Employer Name/Number (Division) • Date of Original Hire – NOTE: includes casual service as long as the casual service was uninterrupted service (Date of Employment) • Date Joined Plan • Bargaining Unit Code (4-digit code) • Signature • Date Signed |
| <p>2. <u>Applicant</u> must complete:</p> | <ul style="list-style-type: none"> • All basic information: e.g. Name, sex, SIN, date of birth & address (Step 1 on the Application Enrolment Form) • Name and date of birth of spouse, if applicable. (Step 1, continued) • Name and relationship of beneficiary (Step 2) • Payroll Deduction Request (Step 3) • Signature and Date (Step 4) |
| <p>3. <u>Applicant</u> must:</p> | <ul style="list-style-type: none"> • Select an <u>investment mix</u>** (Step 5) • Read the authorization, sign and date the Investment Instructions (Step 6) |

** Members should contact the Standard Life Financial Service Centre at **1-800-242-1704** for assistance in choosing an investment mix.

More information on investments is included under the enrolment website at the following link:

<http://www.standardlife.ca/enrolment/nb/en/investment.html>



COVERING MEMO FOR REMITTANCES

**Pension Plan for Part-Time & Seasonal Employees
of the Province of New Brunswick - RS100894**

Division Number _____

Contributions for month or pay period of _____

Employee portion \$ _____

Employer portion \$ _____

Voluntary portion \$ _____

Payment amount \$ _____

Employer contact name (please print) _____

Phone number _____

Send a copy of this document to Pensions & Employee Benefits, Office of Human Resources by mail at P.O. Box 6000, Fredericton, NB E3B 5H1 or by fax at (506) 453-3214.



Transfer or Change in Employment Status

Pension Plan for the Part-Time and Seasonal Employees of the Province of New Brunswick - RS100894

| |
|---|
| Name of Member _____ <i>Last name</i> <i>First name</i> |
| Address of Member _____ _____ |
| Social Insurance Number _ _ _ _ - _ _ _ _ - _ _ _ _ |
| Date of change _____ <i>Month</i> <i>Day</i> <i>Year</i> |
| Name of the <u>Employer</u> representative reporting this change _____ |
| Signature of the <u>Employer</u> representative reporting this change _____ |
| Phone number of the <u>Employer</u> representative (506) _____ - _____ Extension _____ |

- 1) Complete this section when a **plan member** is **TRANSFERRING** between a Province of New Brunswick Department, participating Agency, Health Authority, or School District:

Name of the originating Department/ Agency/ Health Authority or School District from which the member is transferring

Name of the Department/ Agency/ Health Authority or School District to which the member is transferring to

OR

- 2) Complete this section when a **plan member** has a **CHANGE IN EMPLOYMENT STATUS**

- | | |
|--|---|
| <input type="checkbox"/> casual to part-time | <input type="checkbox"/> part-time to full-time |
| <input type="checkbox"/> part-time to casual | <input type="checkbox"/> on leave with contributions* |
| | <input type="checkbox"/> on leave without contributions |

* While on leave, a member may continue pension contributions at the same intervals as if the member were active (bi-weekly, monthly) during maternity/parental leave (maximum of 12 months) or disability (maximum of 28 months).

TERMINATION FORM
 To be completed **ONLY** when member is leaving the employ of the Province of New Brunswick. Do not complete if member is simply changing from Part-Time to Full-Time.

REQUEST FOR QUOTE
 PLAN SPONSOR COMPLETE SECTION 1;
 MEMBER COMPLETE SECTION 2

SETTLEMENT (WAIVER OF QUOTE)
 PLAN SPONSOR COMPLETE SECTION 1;
 MEMBER COMPLETE SECTION 3 ON REVERSE SIDE

SECTION 1 - TO BE COMPLETED BY THE PLAN SPONSOR

Name of Plan Part Time and Seasonal Employees of The Province of New Brunswick Client No. RS100894

S.I.N. _____ Code _____ Div. _____ Cert. No. _____

Name of Member _____
 (last name) (given name)

Address _____ City _____

Province _____ Postal Code _____ Tel. No. () _____

Last Day of Active Employment _____

CONTRIBUTION INFORMATION:

If the request is for a quotation, amounts quoted will be based on values invested at the time of the quote and are subject to market fluctuations. The member's record will not be terminated until Standard Life is advised of the option elected by the member.

If this request is for settlement, please indicate one of the following:

- all contributions that are to be included in the settlement have been reported to Standard Life. We, (the Plan Sponsor) will refund any unreported contributions to the annuitant. Process this transaction immediately.
- unreported contributions will be submitted to Standard Life on _____. Processing will be delayed until that date. We, (the Plan Sponsor) will refund any unreported contributions occurring after processing date.

SECTION 2 - REQUEST FOR QUOTE (TO BE COMPLETED BY THE MEMBER)

Reason for leaving service _____

- I request Standard Life to provide me with all pertinent information and details upon receipt of which I will make a decision regarding settlement options available to me on termination.
- I also request Standard Life to provide me with a quote on early retirement since I am within ten years of Normal Retirement Age.

I have an eligible spouse as defined in the pension legislation () Yes () No
 Name of Spouse _____ () Male () Female
 Spouse's S.I.N. _____ Date of Birth _____

Amounts quoted will be based on values invested at the time of the quote and are subject to market fluctuations. The member's record is not being altered as a result of this quote.

NB: This request will generate an official disclosure statement for those members covered under Pension Reform Legislation.

Member's Signature _____ Date _____

Signature _____ Date _____

Authorized Plan Representative

SECTION 3 - SETTLEMENT (WAIVER OF QUOTE) TO BE COMPLETED BY THE MEMBER

Reason for leaving the service _____

WAIVER OF QUOTE

I hereby release the plan administrator from any responsibility to provide me with all the information pertinent to my rights for a quote and details as specified by law. By virtue of this decision I elect the following option (subject to plan rules or provincial legislation):

OPTIONS FOR AMOUNT AVAILABLE AS CASH (Indicate Option Elected)

- Transfer to a Standard Life individual RRSP at Preferred Rates.
Please provide me with a Special Transfer Offer quote.
- Transfer to another registered vehicle - submit T2151
- Cash return in one Lump Sum
- Transfer to a Standard Life locked-in registered vehicle (under this option you must lock-in your own contributions to obtain vesting rights). See Note A. below.
- Transfer to another locked-in registered vehicle - Submit T2151 and transfer form for locked-in funds, (under this option you must lock-in your contributions to obtain vesting rights). See Note A. below.

OPTIONS FOR AMOUNT NOT AVAILABLE AS CASH (Indicate Option Elected)

- Transfer to a locked-in RRSP or Locked-In Retirement Account with Standard Life - at Preferred Rates
See Note A. below
Please provide me with a Special Transfer Offer quote
- Transfer to a locked-in RRSP, Locked-In Retirement Account or RPP - Submit T2151 and transfer form for locked-in funds. See Note A. below.

IN LIEU OF THE ABOVE OPTIONS, I ELECT THE FOLLOWING OPTION:

- Accrued contributions are to remain in the Plan to provide for future benefits.
- Purchase a deferred annuity with Standard Life - Submit Form GB 568 - Purchase of an Annuity.

NOTES

- A. In certain provinces, locked-in funds must be transferred to a LIRA (Locked-In Retirement Account).
- B. Your election is subject to the terms and conditions of the plan and in accordance with government rules and regulations.
- C. Settlement will be delayed if none of the above options are chosen or if the proper forms are not submitted.
- D. Where possible, settlement will be made using last known values with interest unless advised otherwise.

Member's Signature _____ Date _____

Signature _____ Date _____
Authorized Plan Representative

Miscellaneous changes



1245 Sherbrooke St. W.
Montréal, QC H3G 1G3
Tel.: 1-800-242-1704
Fax: 1-866-499-4480

I wish to change my

- Language of correspondence
- Name
- Marital status (Registered Pension Plans only)
- Social Insurance Number
- Date of birth
- Contribution rate and/or spousal split (RRSP & Structured RRSP only)
- Address and phone number
- Designated beneficiary
- Trustee appointment (provinces other than Québec)
- I wish to make another type of change

All changes made to the province of employment with respect to pension plans should be completed by the group administrator/sponsor.

This form is applicable to:

- All plans
- DPSP
- EPSP
- FLEX
- LIRA
- LI-RRSP
- MSMPPP
- NOREG
- QSPP
- RPP
- RRSP
- RRSPS
- Structured RRSP
- TFSA
- Other (specify):

| Section 1 – Client/member information | | | |
|---------------------------------------|--------------|-----------------|-------------------------|
| Client no. RS | Subgroup no. | Certificate no. | |
| Client name | | | |
| Subgroup name | | | |
| Member's last name | First name | Initials | Social Insurance Number |

| Section 2 – Change request |
|--|
| Part A - Language of correspondence |
| <input type="checkbox"/> English <input type="checkbox"/> Français |

| |
|---|
| Part B - Name change |
| From _____ To _____ |
| Signature (former name) _____ |
| This name change results from: |
| <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Other: _____ |
| <i>Note: Please submit supporting documents for all name changes except for marriage outside of Québec. If you wish to change your beneficiary designation, remember to complete Part H – Change of designated beneficiary.</i> |

| |
|--|
| Part C - Revised marital status (Registered Pension Plans only) |
| <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Other: _____ |
| Spouse's last name First name Initials Date of birth (YYYY/MM/DD) |
| <i>Note: Please submit supporting documents for all name changes except for marriage outside of Québec.</i> |

| |
|----------------------------------|
| Part D - Social Insurance Number |
| _____ |

| |
|-------------------------------------|
| Part E - Date of birth (YYYY/MM/DD) |
| _____ |

| |
|---|
| Part F - Change of contribution rate and/or spousal split (Employee to complete for RRSP or Structured RRSP only) |
| Effective on (YYYY/MM/DD) _____ |
| Please deduct \$ _____ or _____ % from each pay, to be invested in this plan. |
| Please allocate _____ % of my <input type="checkbox"/> employee <input type="checkbox"/> employer <input type="checkbox"/> voluntary contribution to the spousal account. |
| <input type="checkbox"/> I wish to cancel my spousal contribution |

| |
|--|
| Part G - Address |
| Home address (no., street, apt.) _____ City _____ |
| Province _____ Postal code _____ Home telephone _____ Business telephone _____ |

Please return this form to The Standard Life Assurance Company of Canada (see address above).

Part H - Change of designated beneficiary (Standard Life requires the original request)

All plans
 DPSP (Deferred Profit Sharing Plan)
 EPSP (Employee Profit Sharing Plan)
 FLEX (Flexible Pension Plan)
 LIRA (Locked-In Retirement Account)
 LI-RRSP (Locked-In Registered Retirement Savings Plan)
 MSMPPP (Manitoba Simplified Money Purchase Pension Plan)
 NOREG (Non-Registered Savings Plan)

QSPP (Québec Simplified Pension Plan)
 RPP (Registered Pension Plan)
 RRSP (Registered Retirement Savings Plan) *all accounts - to be completed by account owner*
 RRSPS (Spousal Registered Retirement Savings Plan)
 Structured RRSP (Structured Registered Retirement Savings Plan) *all accounts - to be completed by account owner*
 Other (specify): _____

Note: In accordance with the terms and conditions of the above said plan(s), I revoke all of my previous revocable beneficiary designations. I hereby designate, as beneficiary entitled to receive the proceeds arising under the said plan(s) by reason of my death as they become due.

Beneficiary information
 In the event of my death, I designate the following person(s) to be the beneficiary(ies) of any amount due under my plan on or after my death in accordance with the terms of the plan in which I have an interest:
 my estate or the following beneficiary(ies)

| Primary beneficiaries | | | | Must equal 100% |
|-----------------------|------------|---------------|--------------|-----------------|
| Last name | First name | Date of birth | Relationship | Entitlement % |
| | | | | |
| | | | | |

| Contingent beneficiaries | | | | Must equal 100% |
|--------------------------|------------|---------------|--------------|-----------------|
| Last name | First name | Date of birth | Relationship | Entitlement % |
| | | | | |
| | | | | |

If your designated beneficiary dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, to your estate. Any beneficiary designation, including that of your spouse, is revocable.

Appointment of trustee (for provinces other than Québec)
 In the event my beneficiary is a minor at the time the death benefit is payable, I appoint the following person as trustee to receive such funds on behalf of the beneficiary, to hold these funds until my beneficiary attains the majority age and to give a valid discharge to Standard Life in Canada for such payment:

| | | |
|----------------------------------|-------------|--------------------|
| Last name | First name | Initials |
| Home address (no., street, apt.) | | City |
| Province | Postal code | Home telephone |
| Employee/member signature | | Business telephone |

Nomination is valid if it is in accordance with the applicable legislation.

Complete if beneficiary is your spouse (for Québec applicants only)
 In Québec, the designation of your legally married spouse or civil union spouse as beneficiary is irrevocable, unless otherwise specified as provided for below. If you name your spouse, a revocable designation will facilitate any future request for a change of beneficiary. An irrevocable designation cannot be changed unless the beneficiary signs a waiver of rights.

My beneficiary designation is **REVOCABLE** OR My beneficiary designation is **IRREVOCABLE**

| | |
|---------------------------|---------------------------|
| Employee/member signature | Employee/member signature |
|---------------------------|---------------------------|

Part I - Other changes

Section 3 – Signature

I understand that the personal information you collect will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

| | | |
|---------------------------------------|------------|-------------------|
| Employee/member signature (mandatory) | Print name | Date (YYYY/MM/DD) |
|---------------------------------------|------------|-------------------|

Section 4 – For use by group program administrator/sponsor

| | |
|------------------------|---------------------------------------|
| Province of employment | Effective date of change (YYYY/MM/DD) |
| Signature | Date (YYYY/MM/DD) |

Notice of death

1245 Sherbrooke St. W., Montréal, QC H3G 1G3
 Tel.: 1-800-242-1704 Fax: 1-866-499-4480



This form is to be completed by the plan administrator/plan sponsor (statement of options will be issued by Standard Life).

This form is applicable to:

- All plans
- DPSP
- EPSP
- FLEX
- LIRA
- LI-RRSP
- MSMPPP
- NOREG
- QSPP
- RPP
- RRSP
- RRSPS
- Structured RRSP
- TFSA
- Other (specify):

| | | |
|------------------|--------------|-----------------|
| Client no. RS | Subgroup no. | Certificate no. |
| Client name | | |
| Subgroup name | | |

| Section 1 – Deceased employee/member information | | |
|--|-------------|---------|
| Last name | First name | Initial |
| Social Insurance Number | | |
| Last permanent address (no., street, apt.) | | City |
| Province | Postal code | |
| Last day of active employment (YYYY/MM/DD) | | |
| Date of death (YYYY/MM/DD) | | |

| Section 2 – Beneficiary information | | | |
|-------------------------------------|-------------|----------------|--------------------|
| Last name | First name | Initial | |
| Relationship to deceased | | | |
| Social Insurance Number | | | |
| Date of birth (YYYY/MM/DD) | | | |
| Home address (no., street, apt.) | | City | |
| Province | Postal code | Home telephone | Business telephone |

| Section 3 – Spousal information (required for Registered Pension Plans only) | | | |
|--|------------|---------|--|
| Last name | First name | Initial | |
| Social Insurance Number | | | |
| Date of birth (YYYY/MM/DD) | | | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Did the deceased have an eligible spouse as defined in the plan text at the date of death? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the deceased have any other policies with Standard Life? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, state the policy no.(s) | | | |

Section 4 – Plan administrator/plan sponsor authorization

Have all contributions that need to be included in this settlement been reported to Standard Life?

Yes No

Unreported contributions will be remitted on

(YYYY/MM/DD)

I certify that the information given is true, correct and complete, to the best of my knowledge. Furthermore, I understand that the personal information provided herein will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan.

| | | |
|----------------|--------------------|---------|
| Last name | First name | Initial |
| Home telephone | Business telephone | |
| Signature | Date (YYYY/MM/DD) | |

Please provide us with a Physician's statement, a copy of the death certificate or a funeral director's statement.

Standard Life reserves the right to ask for additional information and assumes no responsibility for any expense incurred in respect of this claim.