



(NOTE – Waiver of Probate: Must be executed by legal representative(s) or appointed Administrator(s) and all persons entitled to share in estate (beneficiaries)

Letter of Indemnity

I or We, the Undersigned, being duly sworn, depose and say that:

1. I am or We are familiar with the facts relating to the Estate of _____

The said deceased died on _____, and the sole surviving heirs-at-law or next-of-kin entitled to share in the estate are:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION TO DECEASED</u>	<u>AGE</u>

2. None of the above mentioned heirs-at-law or next-of-kin is an incompetent.

3. The Deceased died:

_____ (a) leaving NO WILL and that no administrator has been or will be appointed for said estate.

OR

_____ (b) leaving a WILL, a true copy of which is attached hereto, and that said Will has not and will not be probated.

4. The Deceased left securities amount to \$ _____.

5. The Deceased died the owner of (described type of security, certificate number and number of shares, or face value) (hereinafter called "Original" whether one or more):

Issued by (hereinafter called "Issuing Corporation"):

and Registered in the name of:

6. All taxes, funeral expenses, debts and claims against the Deceased's estate have been settled or will be paid by the undersigned and no person, firm, association or corporation other than the undersigned has any right, title, claim, equity or interest in, to or respecting the Original or the proceeds thereof.

7. The undersigned herewith request the Issuing Corporation and its agents to transfer the Original to:

8. NOW, THEREFORE, in consideration of the AVIVA INSURANCE COMPANY OF CANADA assuming liability or liability attaching under its indemnity Bond in favour of the issuing Corporation and its agents, the undersigned (jointly and severally, if more than one) hereby agree at all times to indemnify and save harmless the AVIVA INSURANCE COMPANY OF CANADA from and against any and all liabilities, losses, damages, judgements, costs, charges, counsel fees and expenses of every nature and character which they may sustain or hear by reason or on account of assuming liability or liability attaching under its Indemnity Bond.

9. In the event the Original has been lost, stolen, destroyed or misplaced, the undersigned agree that if the Original shall come into their or anyone's hands, custody or power, the undersigned will immediately and without consideration surrender the Original to the issuing Corporation, its transfer agents, subscription agents, trustees or AVIVA INSURANCE COMPANY OF CANADA.

Signed, sealed and dated: _____ 20_____.

Sworn to and subscribed before me this _____ day of _____ 20_____, in the City of _____

_____, in the Province/State of _____, in the Country of _____ before

me personally appeared _____ known to me to be individual(s) by way of identification, described above and who executed this Letter of Indemnity, and they duly acknowledged to me they executed the same for the purpose state above in section (6), and being duly sworn, did depose and say the statements therein contained are true.

NOTARY PUBLIC (Affix Notarial Seal)

Print Name: _____

Signature of Indemnitor

Address: _____

My Commission expires: _____

Print Name