

Declaration of transmission

Sun Life Financial Trust Inc. / Waterloo, Ontario



Contract number

RE THE ESTATE OF

Please provide the full name of the deceased (the "Deceased")

who was domiciled in

Please provide the municipality and province/territory of residence of the Deceased

I/WE,

Please provide the full names and addresses of the Personal Representatives*

*Personal Representatives include: Liquidators, Executors, Administrators, and Estate Trustees.

DECLARE THAT:

- 1) The Deceased died at _____ on the _____ day of _____, _____.
At the date of death, the Deceased was domiciled and resident in the province/territory of _____.
- 2) The Personal Representative(s) was(were) designated in the will by the Court by legal heirs
on _____ (Please provide date).
(dd-mm-yyyy)
- 3) On the date of death, the Deceased was the holder of a contract with Sun Life Financial Trust Inc. (the "Contract")
- Contract number _____
- Approximate value at date of death _____
- 4) The Contract was duly executed and, at the date of death of the Deceased, was physically situated in the province/territory of _____.
- 5) The Personal Representative(s) wish(es) to be recorded as the holder(s) of the Contract on the records of Sun Life Financial Trust Inc.
- 6) All of the Personal Representative(s) of the Deceased have signed below.

The Personal Representative(s) confirm(s) that the above facts are full, complete and true.

Signature of Personal Representative X	Date (dd-mm-yyyy) - -	Witness X
Signature of Personal Representative X	Date (dd-mm-yyyy) - -	Witness X