

# Declaration of transmission

Sun Life Financial Trust Inc. / Waterloo, Ontario



Contract number
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RE THE ESTATE OF

Please provide the full name of the deceased (the "Deceased")
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who was domiciled in

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