

Personal Health Insurance - Address change



Name of owner (please print your full name)	
Policy 037000	ID number

Policy owner

Mailing address (number and street)		
City	Province	Postal code
If further information is needed, phone me at: Home telephone number () Work telephone number ()		Best time to call:

Premium payor

Mailing address (number and street)		
City	Province	Postal code
If further information is needed, phone me at: Home telephone number () Work telephone number ()		Best time to call:

NOTE: The premium payor must also sign this form because a change in province of residence may change the plan and the premiums payable.

DECLARATION: I, the owner authorize Sun Life Assurance Company of Canada to make the correction requested. I/we (owner and Premium payor) acknowledge that a change to the policy owner's province of residence may change the plan and the premiums payable.

Signed at (City, Province)	Date (d/m/y)
Owner signature X	Premium payor signature (if different from the owner) X

Send the completed form to the following address:

Sun Life Assurance Company of Canada
227 King Street South
P.O. Box 1601 Stn Waterloo
Waterloo ON N2J 4C5
Fax: 1-866-487-4745