

# Source of funds declaration



Required for all cash transactions in excess of \$1000 and for all third party payments.

Amount \$	To policy/account number	Amount \$	To policy/account number	Amount \$	To policy/account number
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## Payor information (the person giving the payment to Sun Life Assurance Company of Canada)

First name (please print)	Last name (please print)	Date of birth (dd-mm-yyyy) — —
Address		
Occupation/business		
Residency status: <input type="checkbox"/> Bermuda resident <input type="checkbox"/> Other, please specify: _____		
Was ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please provide reason: _____		
Identification:    Driver's licence number	Passport number	

## Source of funds declaration

I declare the funds for the above transaction were obtained by me, the Payor from the following source:


Payor signature X	Date (dd-mm-yyyy) — —
Employee/advisor signature X	Employee/advisor ID number

## Distribution:

1. Retain a copy of this declaration for the Branch Office files.
2. Retain copy of ID for Branch Office files.
3. Send the original signed Source of funds declaration to Document Centre 300B25.