

Personal Health Insurance – Declaration of death



Policy 037000	ID number
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1. Information about the estate trustee, spouse or family member

Name (first, middle, last)	Relationship	Telephone number ()
Address		City
Province	Postal Code	Country

2. Information about the deceased

Name (first, middle, last)	Date of death (d/m/y)
Address	
Province	Postal Code
	Country

3. By signing below, I confirm that:

I have direct personal knowledge about the death of the deceased

Sign and date here:

Signature of the estate trustee/spouse/family member X	
Date (d/m/y)	Signed at (city, province)
Advisor's name	

Return to:

Sun Life Assurance Company
of Canada
227 King Street South
P.O. Box 1601, STN Waterloo
Waterloo, ON N2J 4C5