

Personal Health Insurance – Declaration of death



Policy 037000	ID number
-------------------------	-----------

1. Information about the estate trustee, spouse or family member

First name	Middle name	Last name	Relationship	Telephone number
Address (street number and name)				Apartment or suite
City		Province/State	Country	Postal code/Zip code

2. Information about the deceased

First name	Middle name	Last name	Date of death (dd-mm-yyyy)
Address (street number and name)			Apartment or suite
City		Province/State	Country
			Postal code/Zip code

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 (dd-mm-yyyy)	Signed at (city)	Signed at (province)
Advisor's first name		Last name

Return to:

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

