Request for confidential information regarding persons discharged from the Armed Forces

Sun Life Financial

Policy no.

Discharged member/proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
			– –

Deputy Minister,
Department of Veterans' Affairs
Ottawa, Canada

Dear Sir:

I have applied to Sun Life Assurance Company of Canada (company) for an insurance policy. The company needs details about my medical history to underwrite the application on my life. I authorize the Department of Veterans' Affairs to provide my medical information, contained in the Department's records, regardless of the nature of the details, to the company's Medical Director.

Discharged member's first name	Middle initial	Last name	
Discharged member's present address (street number and name)			Apartment or suite
City	Province		Postal code
Official number	Rank	Unit	
Date of enlistment (dd-mm-yyyy) – –	Date of discharge (dd-mm-yyyy) – –		
Reason for discharge:			

Yours very truly,

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of discharged member/proposed insured
		– –	X

Deputy Minister,
Department of Veterans' Affairs
Ottawa, Canada

Dear Sir:

Without additional details, the Sun Life Assurance Company of Canada is not able to complete our underwriting assessment on this proposed insured's application for insurance. Please provide our authorized representative with details in your records about the proposed insured's discharge and the diagnosis of any disabilities they have suffered or are currently suffering from.

Yours very truly,

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of Sun Life's Medical Director
		– –	X

E44-11-12

Please send only one copy – original or fax toll-free to 1-866-487-4745.