

# Out of Canada policy delivery authorization



Policy number

**Note:** An agent may not be named as a representative.

Proposed owner's first name	Middle initial	Last name
Proposed owner's first name	Middle initial	Last name

I/we, the proposed owner(s), indicated above, have applied for an insurance policy, indicated above, with Sun Life Assurance Company of Canada, dated:

Date (dd-mm-yyyy)

If Sun Life accepts my application and issues a policy to me, I appoint:

First name	Last name
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at:

Address (street number and name)	City	Province	Country	Postal code
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as my representative to receive delivery of the policy, in Canada, on my behalf.

I have instructed my representative to accept delivery of the policy.

I agree that:

- i) by Sun Life delivering the policy to my representative, the policy is binding on me, and**
- ii) my ten day right to examine the policy starts on the day Sun Life delivers it to my representative.**

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature
Signed at:	Signed at:	Signed on:	Proposed owner X
Signed at:	Signed at:	Signed on:	Proposed owner X