

# Voluntary consent for the collection, use and disclosure of favourable genetic testing results



Evidence no. (for HO use only) E#
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Policy number	Policy number	Policy number
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Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Advisor's first name	Last name	Advisor number	

## Authorization

By signing below, I, the person named above, voluntarily consent to the collection, use and disclosure of my favourable genetic testing results to Sun Life Assurance Company of Canada (Sun Life) and its reinsurers for the purpose of underwriting my application or assessing my claim for the policy/type of coverage listed above. I also authorize any doctor, health practitioner, hospital, clinic or other medical facility to disclose my favourable genetic testing results to Sun Life.

I confirm Sun Life did not ask or require me to provide this information and that it is being provided to Sun Life at my request.

Location signed (province)	Date (dd-mm-yyyy)	Signature of insured (if under 16 [18 in Quebec] signature of parent or guardian) X
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You may revoke this consent by sending us a written request, calling 1-877-SUN-LIFE (1-877-786-5433) or contacting your advisor.

Return information: Please send only one copy of this document.

Fax toll-free to 1-866-487-4745 or mail original to:  
Sun Life Assurance Company of Canada  
227 King Street South  
P.O. Box 1601, STN Waterloo  
Waterloo, ON N2J 4C5

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