

# Letter of authorization – Non-residents



## Canada Revenue Agency

I authorize Sun Life Assurance Company of Canada to send the amount of tax required by law to the Canada Revenue Agency for any taxable gains on the policy(ies) listed below:

Policy number
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Policy owner's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy) — —
Address			
Telephone number — —	Location signed (province/state)		Date (dd-mm-yyyy) — —
Signature of policy owner X		Social insurance number	
Policy number	Policy number	Policy number	