

Claimant statement

1 Deceased's information					
1.1 Deceased's first name		Middle initial	Last name		<input type="checkbox"/> Male <input type="checkbox"/> Female
1.2 Date of birth (dd-mm-yyyy)		1.3 Civil status <input type="checkbox"/> Minor <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		1.4 Specific cause of death	1.5 Date of death (dd-mm-yyyy)
1.6 Country of death					
1.7 Place of death <input type="checkbox"/> Hospital <input type="checkbox"/> Long term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Other _____					
1.8 Funeral home name		Funeral home phone number		City	Province/State
1.9 Was the policy issued or reinstated within the last 5 years prior to the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' or unknown, complete 1.10 and 1.11, if 'no' proceed to section 2.					1.10 Deceased's provincial health number
1.11 Provide the names and locations of all health care professionals, physicians, hospitals, clinics or medical facilities where the deceased was treated during the last 5 years , prior to policy issue or reinstatement.					
Name(s)	Address(es)		Date(s) last consulted (dd-mm-yyyy)	Reason(s)	

2 Claimant's information

Note: If your name has changed after the last beneficiary designation, we require you to attach supporting documents.

2.1 First name		Middle initial	Last name		<input type="checkbox"/> Male <input type="checkbox"/> Female
2.2 Address (street number and name)				Apartment or suite	
City		Province/State	Country	Postal/Zip code	
2.3 Telephone number	2.4 Your relationship to the deceased		2.5 If you are a 'spouse', were you the spouse on the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3 Claimant's capacity

Before completing, determine how you are claiming for each policy. The claiming capacity is based on the beneficiary designation in the policy.

a) Complete if claiming as **Named beneficiary**

Provide the policy number(s)	Date of birth (dd-mm-yyyy)	Beneficiary's SIN number (required for tax purposes)
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b) Complete if claiming as **Estate representative**

Provide the policy number(s)	Insured's SIN number (required for tax purposes)
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c) Complete if claiming as **Corporate beneficiary**

Provide the policy number(s)	Company's name
What is your position?	Do you have signing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If 'no', do not submit this claim. A Corporate beneficiary must have signing authority.

3 Claimant's capacity (continued)d) Complete if claiming as **Trustee/tutor of minor beneficiary**

Provide the policy number(s)

Name of minor beneficiary

Date of birth (dd-mm-yyyy)

Beneficiary's SIN number (required for tax purposes)

e) Other

Indicate your claiming capacity

Provide the policy number(s)

4 Additional information4.1 Do any of the above policies have accidental death benefit coverage? Yes No
If 'yes', complete 4.2, if 'no' proceed to 4.3.4.2 Are you claiming the accidental death benefit?
 Yes No4.3 Other than for policies indicated in section 3, are you making any additional claims with Sun Life Assurance Company of Canada? Yes No If 'yes' complete to 4.4 and 4.5. If 'no', proceed to 4.6.4.4 Indicate type of insurance you are claiming
 Life Accident Health Pension

4.5 Provide the policy number(s)/group number(s)

4.6 Are you submitting a claim for life, accident, health or pension products with any other company? Yes No
If 'yes', provide all company names and policy numbers. If 'no' proceed to section 5.**Company name(s)****Policy number(s)****5 Payment direction****Note:** If more than one payment direction is selected, ensure instructions for each policy number are provided in special instructions with amounts. Cheque (If no payment direction indicated, default will be cheque.) Transfer funds to existing policy number. If you choose this option, provide policy number. _____ Continue original investment terms in contract number: _____

Special instructions

6 Authorization

I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and exchange the information provided on this form for the purposes of administration and adjudicating this claim.

If I am the estate representative, I also authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and exchange information about the deceased person or this claim (including medical history, autopsy results, toxicological or pathological findings), needed for underwriting, administration and adjudicating this claim, from and with any person who has relevant information pertaining to this claim, including health professionals, hospitals, medically-related facilities, government agencies, provincial health care plans, institutions, MIB. Inc., investigative agencies, law enforcement agencies, insurers and reinsurers.

Are you the estate representative? Yes No **Note:** This question must be answered.

Province/State signed in

Date (dd-mm-yyyy)

Signature of claimant

X

Advisor's first name

Last name

Advisor's number

A copy of this authorization is as valid as the original.

Sun Life Assurance Company of Canada, by providing this form for the claimant's convenience, doesn't admit any liability to pay or waive any of its rights.

Important information you should know

Important: Ensure you leave this page with the claimant.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.