

# Proof of Claim of Assignee - (Uniform Provinces)

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I declare that:

a) the policy number \_\_\_\_\_ issued by the Sun Life Assurance Company of Canada on the life of \_\_\_\_\_  
was assigned to \_\_\_\_\_  
on \_\_\_\_\_ as a security for a debt.  
(Date)

b) the amount owing under this debt is \$ \_\_\_\_\_

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Declarant \_\_\_\_\_  
(Please print)

Signature   X   \_\_\_\_\_

Address \_\_\_\_\_

Occupation or Title \_\_\_\_\_

These products are issued by Sun Life Assurance Company of Canada.

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E261-06-05

**Please send original after faxing a copy.**