

Driving history questionnaire



Important: Please be aware that this is not a Driving Record Authorization form. If you require a Driving Record Authorization form, please use the following:

- 5981A-75 (Quebec applications)
- MV2680 (British Columbia application), and
- 257 for all other provinces.

Evidence no. (for H.O. use only) E#
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Policy no.

Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Motor vehicles division in the province of		Driver's licence no.	
Advisor's name			Advisor's no.

1. Within the **last five years**, have you been convicted for any moving violations such as speeding, failing to obey traffic signs, dangerous driving, stunting, etc.? Yes No If 'yes', provide the following details.

Date of offence (dd-mm-yyyy)	Reason
- -	
- -	
- -	

2. Within the **last five years**, has your driver's licence been suspended or revoked? Yes No If 'no', proceed to the declaration. If 'yes', provide the following details.

Date (dd-mm-yyyy)	Reason	Length of suspension
- -		

3. Was this the first time your driver's licence was suspended? Yes No If 'no', provide the following details of previous suspensions.

Date of suspension (dd-mm-yyyy)	Reason	Length of suspension
- -		
- -		
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Declaration: I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of proposed insured X
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Authorization to obtain Motor Vehicle Record

I hereby authorize the Motor Vehicles Division to permit Sun Life Assurance Company of Canada, or its representative, to be given a copy of my Driving Record information. A copy of this signed authorization shall be considered as valid as the original.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of licensee X
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