

# Translator services declaration

(For use on life, critical illness and long term care insurance applications.)



Evidence no. (For H.O. use only) <b>E #</b>
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Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy) - -
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Forms this declaration applies to (Check all that apply.)

<input type="checkbox"/>	Application/Policy(ies) numbers(s)	Advisor's first name	Last name	Advisor no.
<input type="checkbox"/>	Questionnaire(s) numbers(s)	Advisor's first name	Last name	Advisor no.
<input type="checkbox"/>	Name of form completed by Paramedical provider	Paramedical company name		Order no.

### Proposed insured's declaration (Declaration of parent or legal guardian if under age 16 [18 in Quebec].)

I, \_\_\_\_\_, of the city of \_\_\_\_\_,

in the province of \_\_\_\_\_, declare that:

1. All the statements made by me, on the documents indicated above, are complete and true.
2. I have had those documents and this declaration fully explained to me in my native language by a translator.
3. I understand the content of those documents and have given my response to the information requested.

Province signed	Date (dd-mm-yyyy) - -	Proposed insured's signature X
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### Applicant's declaration (if different than proposed insured)

I, \_\_\_\_\_, of the city of \_\_\_\_\_,

in the province of \_\_\_\_\_, declare that:

1. All the statements made by me, on the documents indicated above, are complete and true.
2. I have had those documents and this declaration fully explained to me in my native language by a translator.
3. I understand the content of those documents and have given my response to the information requested.

Province signed	Date (dd-mm-yyyy) - -	Applicant's signature X
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### Translator's declaration

I, \_\_\_\_\_, of the city of \_\_\_\_\_,

in the province of \_\_\_\_\_, declare that:

1. I faithfully and truly translated from English this declaration and the forms indicated above to the:  
(Check all that apply.)  Proposed insured  Applicant

Date (dd-mm-yyyy) - -
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on \_\_\_\_\_ to their native language of \_\_\_\_\_.

2. I read over the entire contents of this declaration and the forms indicated above and explained the nature and contents to be completed by the proposed insured and/or applicant.
3. The proposed insured and/or applicant appeared to understand the contents of these documents and provided all requested information. Their responses were recorded onto the documents.

Province signed	Date (dd-mm-yyyy) - -	Translator's signature X
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PIEVIDE

**Please submit only one copy of this document.**  
**Career Sales Force advisors: Original or**  
**fax toll-free to 1-866-487-4745.**  
**All others: Through your MGA or National Account.**

