

Translator services declaration

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

Evidence number (For H.O. use only)
E #

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 number
<input type="checkbox"/>	Questionnaire(s) numbers(s)	Advisor's first name	Last name	Advisor number
<input type="checkbox"/>	Name of form completed by Paramedical provider	Paramedical company name		Order number

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:

- All the statements made by me, on the documents indicated above, are complete and true.
- I have had those documents and this declaration fully explained to me in my native language by a translator.
- 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:

- All the statements made by me, on the documents indicated above, are complete and true.
- I have had those documents and this declaration fully explained to me in my native language by a translator.
- 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:

- 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)

on _____ to their native language of _____.

- 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.
- 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.

Translator's relationship to proposed insured	<input type="checkbox"/> Advisor <input type="checkbox"/> Other relationship: _____	Translator's relationship to applicant	<input type="checkbox"/> Advisor <input type="checkbox"/> Other relationship: _____
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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.

