

# Client address confirmation



Please read and complete the following document carefully. We will use this form to confirm and verify you as a Sun Life Financial client. Once you have been verified, we will correct your address.

## Why does Sun Life Financial need to confirm your identity?

Although you may have been a client of Sun Life Financial for some time, we have received returned mail from Canada Post and have not received an updated address from you.

## What will Sun Life Financial accept as a confirmation of your identity?

To confirm your identity, we need you to provide some of your personal and contract information so we can compare it to our records.

If you know your contract number, please provide it.

OR

If you do not know your contract number, please provide the last three digits ONLY of your Social Insurance Number so we can use it to match you to your policy.

## 1 Information we need from you to confirm your identity as a Sun Life client

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)	Telephone number
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Select your relationship to the contract  Owner  Beneficiary  Annuitant  Other

## 2 Current mailing address

Current mailing address (street number and name)	Apartment or suite	
City	Province	Postal code

## 3 Previous mailing address

Previous mailing address (street number and name)	Apartment or suite	
City	Province	Postal code

## 4 Sign and date here

### 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](http://www.sunlife.ca/privacy).

Your first name	Your last name		
Signature X			Date (dd-mm-yyyy)
Signed at (City)	Signed at (Province)		

### Please return to:

Sun Life Assurance Company of Canada  
227 King Street South  
P.O. Box 1601, STN Waterloo  
Waterloo, ON N2J 4C5

E4394-10-17

Please send original or fax to 1-866-487-4745.

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