

Unclaimed property client confirmation form



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 contract.

Select your relationship to the contract Owner Beneficiary Annuitant Other

1 Information about the contract owner

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)	Telephone number
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2 Information we need from you if you are not the owner

If the confirmation is coming from someone other than the owner, the following is required:

- Copies of two pieces of identification, at least one of which is a photo ID; and,
- Proof of your entitlement to receive information i.e. power of attorney, executor or executor's representative

Your first name	Middle initial	Your last name	Telephone number
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3 Current mailing address

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

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

5 Signature

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 more about our privacy practices, visit www.sunlife.ca/privacy.

Sign and date here:

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

Please return to:

Sun Life Financial, 227 King Street South, P.O. Box 1601, STN Waterloo, Waterloo, ON N2J 4C5

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