Unclaimed property – policy search request



1. Your information

Last name		First name			
Address (street number and name)		Apartment or suite			
City				Province	Postal code
Phone number	Email address				
l What is your relationship to the	policy (e.g., are you the owner/r	member, beneficiary,	executor, relative, a	attorney or the	e insured, etc.)?
ii. When was the policy ov iii. Is the owner/member of If you answered No, plea iv. Fill out as much of this	e individual products on their own, Date of bi	while Group plans usu irth (dd-mm-yyyy) S No Date (dd-mm-yyy	у)	nd are offered t	hrough an employer.
Description of policy Insurance product Savings/	Wealth product				
Policy number	Company that issued th	ne policy	Date o	f policy issue (dd-n	mm-yyyy)
Last name of owner/member		First name of ov	/ner/member		
Relationship to owner/member		Name of insured	person (if insurance policy	<i>y</i>)	

3. Confirm your identity

Please include copies of two pieces of identification (e.g. driver's licence, passport, birth certificate). At least one of them needs to include your picture.

If you're not the policy owner, you also need proof that you have permission to receive policy information from us. This could be:

- A will showing you're the executor of the owner's estate, **OR** a will naming another executor and a letter from that person giving us permission to release information to you.
- A document showing you're the beneficiary.
- Proof of Power of Attorney (POA). Please note, POA ends after someone passes away, so we can't consider it valid if this is the case.

4. Mail us your form and ID information

Send your completed form and identification documents to:

Sun Life Assurance Company of Canada Image Services, Policy Search Team 227 King Street South PO Box 1601 STN Waterloo Waterloo, ON N2J 4C5

It may take some time for us to search our system. We'll get back to you in 4 to 6 weeks.

Respecting your privacy is a priority for the Sun Life 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.

I am authorized to disclose the information provided on this form to Sun Life Assurance Company of Canada ("Sun Life"), its agents and service providers. I hereby consent to the collection, use and disclosure of this information by Sun Life, its agents and service providers, to its subsidiaries and affiliates, some of which may be located outside of Canada, for the purposes of conducting an unclaimed property search of its own records and disclosing the results of its search to me.

Print name	Signature	Date signed (dd-mm-yyyy)
	X	

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.