



Sun Life Assurance Company of Canada  
 227 King St South  
 PO Box 1601 STN Waterloo  
 Waterloo ON N2J 4C5

Bus 1-800-246-5567  
 Fax 1-866-487-4745  
 www.sunlife.ca

**Client confirmation form**

**Payout annuity policy number: RP-XXXX,XXX-X**

Please complete Sections 1 & 2. If one policyholder is unable to sign and the other policyholder is signing on their behalf they must complete Sections 1 & 2 confirming their own information and Section 3 for the policyholder that is unable to sign. If neither policyholder is able to sign the form and you are signing on their behalf, you should complete only Section 3.

**Section 1:**

Please confirm the information in this section and sign under your name.

**Policyholder Information**

POLICYHOLDER 1 FIRST AND LAST NAME 123 ADDRESS LANE CITY ON A1B 2C3	POLICYHOLDER 2 FIRST AND LAST NAME 123 ADDRESS LANE CITY ON A1B 2C3
<input type="checkbox"/> I confirm that this information is correct	<input type="checkbox"/> I confirm that this information is correct
If not, update your information:	If not, update your information:
Please provide us with your current phone number:	Please provide us with your current phone number:

**Annuitant Information**

- The annuitant on this policy, <<NAME>>, is living
- The joint annuitant on this policy, <<NAME>>, is living
- If not, please check this box and call us at 1-800-246-5567

**Policyholder Signatures**

Please sign below to confirm the information you provided above.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Section 2:

Please provide another contact person in case we cannot reach you.

Relationship to you			
First name		Last name	
Address (street number and name)			Apartment / suite
City	Province	Postal code	Telephone number - -

## Section 3:

If you are signing on behalf of a policyholder please complete this section.

Note: If you are signing this by Power of Attorney and haven't provided us with a General or Enduring Power of Attorney document, please send it with this form. Personal Care and Banking Power of Attorney documents aren't accepted.

1. Tell us why the policyholder can't sign:

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2. Provide your contact information:

Relationship			
First name		Last name	
Address (street number and name)			Apartment / suite
City	Province	Postal code	Telephone number - -

3. Please confirm annuitant information:

- The annuitant on this policy, <<NAME>>, is living
- The joint annuitant on this policy, <<NAME>>, is living
- If not, please check this box and call us at 1-800-246-5567

Signature \_\_\_\_\_ Date \_\_\_\_\_