



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 the policyholder is unable 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

FIRST AND LAST NAME  
123 ADDRESS LANE  
CITY ON A1B 2C3

I confirm that this information is correct

If not, update your information:

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

Signature \_\_\_\_\_ 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 the 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 they 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 \_\_\_\_\_