

Sun Global Series New Case Request



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Tel: 441-294-6060

This form, along with a generic illustration, must be included with each new case request. Please see the Field Underwriting Guide for evidence requirements and details.

Please PRINT clearly.

For accuracy, provide any individual's name in the following format: Family Name/Last Name, Given Name/First Name, Alias Name

Distributor Name		
Financial Representative Family Name/Last Name	Given Name/First Name	Alias Name
Referral Source Firm		
Referral Source Contact Family Name/Last Name	Given Name/First Name	Alias Name
Address		
Country Locations		
Referral Firm Business Activities (e.g. Financial Advisor, Bank)		
Website		
Regulated By	Registration Number	

REFERRAL SOURCE CONTACT

Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship
Position/Occupation	Employee Number	

POTENTIAL INSURED INFORMATION

Family Name/Last Name		Given Name/First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is/has the Potential Insured known under any Former Name, Maiden Name or Alias?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please provide the other name(s) below			
Date of Birth (dd/mm/yyyy)	City/Province/Region of Residence	Country of Residence	
Issue Age	Countries of Citizenship(s)		
Medical Exam Location		Specified Face Amount Applied For USD\$	

CHECK THE EVIDENCE INCLUDED WITH THE NEW CASE REQUEST

 When sending files, it is helpful to label the attachment by the name of the document or evidence type.

General

- Generic Illustration (required) "GI"
- Information Disclosure & Authorization "IDA"
- Potential Insured's Passport or Government ID
- Proof of Residential Address "PORA"

Financial

- Confidential Financial Statement (in IDA) "CFS"
- Declaration of Individual (if applicable) – to be submitted with the Source of Wealth section fully completed if the Insured will serve as the Policy Owner/Participant, the Beneficial Owner, or the Payor of the Policy/Certificate.
- Financial Representative Report "FRR"
- Third Party Verification Letter "TPV"
- Inspection Report "IR" ordered on _____ (if applicable)

Medical

- Confidential Medical Questionnaire "CMQ"
- Health History Questionnaire
- Medical Exam results and reports
- EKG
- Urine analysis results
- Full Blood analysis results
- APS Dr _____
- APS Dr _____

COMMENTS

Include any notes about associations to other cases (i.e. spouses, families, and companies), or important information that will help Sun Life Financial manage your case.

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