



How to Guide: Declaration of Individual



Sun Life is honored by the opportunity to meet the needs of Corporations and families alike who wish to preserve and grow their wealth for generations. Please take your time reviewing this form and the related instructions to assist you in completing all sections accurately.



WHAT'S INSIDE

WHO SHOULD COMPLETE THIS FORM:

- Individual/Natural Person who serves as third-party Premium Payor (including a joint bank account holder); a Payee or holds Power of Attorney or acts as guardian of a minor. This form should also be completed when an individual is named as a new Participant or Contingent Participant. This form is not required for individual Trustees, settlors, directors, shareholders, etc. whose information is provided in either the Declaration of Corporation or Declaration of Trustee form.



SECTION 1: General Information: must complete lines 1-20



SECTION 2: Source of Wealth Information

Must be completed if the Individual is a third-party Premium Payor, or if the Insured is the Payor and their Source of Wealth was not previously disclosed on the generic Declaration of Individual form. A newly named Participant and Contingent Participant should also complete this form.



SECTION 3: Source of Payment

- For Inforce use only. Should not be completed for New Business Applications.
- To be completed by the third-party Premium Payor who is not the Policy/Certificate Owner and is remitting premium for an existing Policy/Certificate; and by any newly named Participant and Contingent Participant.



SECTION 4: Representations and Signatures

May be signed by the Financial Representative.



OTHER RESOURCES

- [Instructions for Identity Documentation](#): Please consult these instructions for additional guidance on the required documents that must be submitted with this form.

Thank you for your support as we work to ensure your request is processed in a timely and efficient manner.

Our goal is to make Sun Life International your company of choice. Our experienced staff and your Financial Representative can help guide you should you have any questions during your Application process.

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Declaration of Individual

Sun Life Assurance Company of Canada, Washington House, 3rd Floor, 16 Church Street, Hamilton, HM 11, Bermuda
Tel: 441-294-6060

In accordance with applicable Bermuda regulations, the Company requires this form to be completed by each Individual who is not the current Participant and any one of the following: an individual third-party Premium Payor; a third-party Payee (not the Insured); a Beneficiary; a Natural Person who holds Power of Attorney, or acts as guardian of a minor; a new proposed Owner/Participant; and the Insured if their Source of Wealth was not previously disclosed on the generic Declaration of Individual.

PLEASE NOTE

This form should **not** be used for:

- Individual trustees, settlors, donors, members, partners, founders, etc., whose information is provided in either the Declaration of Corporation or Declaration of Trustee form, or
- Individual Certificate Participant whose information is already provided in the Application for Certificate (unless there is a request to change ownership to a new proposed Individual Owner/Participant).

Please **PRINT** clearly.

1. Family Name/Last Name	2. Given Name/First Name
3. Relationship to the Insured	
4. Insured Family Name/Last Name	5. Insured Given Name/First Name
6. Proposed or current Owner/Certificate Participant Name	
7. Case Number or Policy/Certificate Number	

Please complete each applicable Section in full. If additional space is required for any Section of this form, please include an attachment or include additional copies of this form. When adding additional pages, please have the pages signed and dated by the authorized signor(s).

GENERAL INFORMATION

Please provide the information on the next pages for Individual(s) named above (e.g., Individual is a third-party Premium Payor, Beneficiary, or a Natural Person who holds power of attorney, or acts as Guardian for a Minor, a Beneficiary, or new Participant Owner, etc.).

Please attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents for the individual specified. If the bank account is held jointly, the identity documents must be provided for both individuals.

PLEASE NOTE

Please consult the **"Instructions for Identity Documentation"** guide for additional guidance on the required documentation that **must** be submitted with this form.

SECTION 1: INDIVIDUAL INFORMATION

Role:

- Insured, if they are the Payor (and their Source of Wealth was not previously disclosed on the generic Declaration of Individual)
 Third-party Premium Payor (not the Participant or Insured)
 Third-party Payee (not the Participant or Insured)
 Irrevocable Beneficiary (not the Participant)
 Natural Person who holds Power of Attorney
 Guardian of a minor; please indicate minor's name: _____
 Proposed new Participant or Contingent Participant (for In force use only)
 Proposed Insured (only if requested by Underwriting)

8. Family Name/Last Name		9. Given Name(s)/First Name	
10. Are you/have you been 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.			
11. Date of Birth (dd/mm/yyyy)	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	13. Country of Birth	14. Citizenship(s)
15. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
16. Name of Business/Employer			
17. Nature of Business		18. Occupation/Source of Income	
19. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			

SECTION 2: SOURCE OF WEALTH INFORMATION

This Section should be completed when an individual is designated as a third-party Premium Payor, or named as a proposed new Participant, or a contingent Participant, including when this person is the insured where the Source of Wealth information was not previously disclosed on the generic Information Disclosure Authorization form. Otherwise go to Section 4.

Please complete all applicable sections that apply to the Individual's Source of Wealth. We reserve the right to request additional information and documentation with respect to Source of Wealth responses.

- Proceeds from Investment Returns/Private Investor – If checked go to Section **A**.
- Salary/Bonus – If checked go to Section **B**.
- Business Income/Profits – If checked go to Section **C**.
- Company sale – If checked go to Section **D**.
- Rental income – If checked go to Section **E**.
- Sale of Property – If checked go to Section **F**.
- Inheritance or Gift – If checked go to Section **G**.
- Other Source of Wealth – If checked go to Section **H**.

A) Proceeds from Investment Returns/Private Investor (NOTE: We also need to understand where the funds to invest were originated i.e., business profit, sale of business, salary, etc. Please complete the additional appropriate section(s).)

Name of Firm where you invest	Location of firm	How long have you held an account at this firm?	Average account balance (in US \$)	Category of investments
				<input type="checkbox"/> stocks, <input type="checkbox"/> bonds <input type="checkbox"/> _____

Please provide an explanation for the Source of Wealth used to fund the above investments

B) Salary/Bonus

Name of Employer			
Employer's Street Address			
City	State/Province	Country	Postal Code
Nature of the Business		Title/Occupation (If retired, please indicate last occupation.)	
Length of Employment or Occupation	Annual Salary US \$	Average Annual Bonus US \$	

SECTION 2: SOURCE OF WEALTH INFORMATION (continued)

C) Business Income/Profits

Name of Company or Business			
Annual profit of this business US \$			
Permanent Registered Address (Note: A P.O. Box is not a valid business address.)			
City	State/Province	Country	Postal Code
Website URL			
Nature of the business (Please describe in detail type of business and products or services provided.)			
If the Beneficial Owner named above is an owner/principal of the business, how long have you owned or been a principal in the business (years)?			
Country of Registration or Incorporation		Date of Registration or Incorporation (dd/mm/yyyy)	
If wealth was acquired through the sale of a business, please provide details (e.g., year sold, to whom, is the business still active) and complete Section D below.			

D) Company Sale

Name of the Company that was sold		
Nature of the Company (Business Activities)		
Total Proceeds/Sale Amount US \$	Client Share in %	Date of Sale (dd/mm/yyyy)

E) Rental Income

Please provide the details of each rental property below:

Address of Property 1	Address of Property 2	Address of Property 3
Property Type: <input type="checkbox"/> Single residential <input type="checkbox"/> Multi-unit residential <input type="checkbox"/> Commercial	Property Type: <input type="checkbox"/> Single residential <input type="checkbox"/> Multi-unit residential <input type="checkbox"/> Commercial	Property Type: <input type="checkbox"/> Single residential <input type="checkbox"/> Multi-unit residential <input type="checkbox"/> Commercial
Annual rental income US \$	Annual rental income US \$	Annual rental income US \$

SECTION 2: SOURCE OF WEALTH INFORMATION (continued)

F) Sale of Property(ies)

Address of Property sold		Address of Property sold	
Please provide an explanation for the Source of Wealth used to purchase the above property		Please provide an explanation for the Source of Wealth used to purchase the above property	
Date of Sale (dd/mm/yyyy)	Total Sale Amount US \$	Date of Sale (dd/mm/yyyy)	Total Sale Amount US \$

G) Inheritance or Gift

Name of person from whom the funds were inherited or received		Relationship to the Beneficial Owner	
Source of Wealth of the person* from whom the funds were inherited or received			
Total amount of the Gift(s) US \$	Reason for Gift, if applicable		
Date of Inheritance or Gift (dd/mm/yyyy)	Name of Attorney/Solicitor who can confirm the inheritance or gift		
Contact information of Attorney/Solicitor			

*Inheritance – Please provide a death certificate or copy of the probate with the will annexed from whom the funds were inherited.
 Gift – Please provide CTC of a government-issued ID of the person from whom the funds were received.

H) Other Source of Wealth

Please describe in complete detail.

On a case-by-case basis, Sun Life may request additional information and supporting documentation to verify the Source of Wealth.

SECTION 3: SOURCE OF PAYMENT

ATTENTION

FOR INFORCE USE ONLY, DOES NOT NEED TO BE COMPLETED FOR NEW BUSINESS APPLICATIONS.

This Section should be completed by the third-party Premium Payor who is a Natural Person, is not the current Policy/Certificate Owner, or if the Insured is the Payor and their Source of Wealth was not previously disclosed on the generic Declaration of Individual form, and is remitting premium for an existing Policy/Certificate. If the bank account is held jointly, each account holder must complete a separate Declaration of Individual form and provide identity documentation.

Name of Financial Institution	Account Number
City where Financial Institution is located	Country where Financial Institutional is located
Name of Accountholder(s)	Account Number

SECTION 4: REPRESENTATIONS AND SIGNATURES

I certify to Sun Life Assurance Company of Canada ("the Company") that:

- I confirm that all information contained herein is true and complete and the Company is entitled to rely on this form and the information set forth herein, including any attachments.
- I agree to provide additional information or documentation and to periodically provide updated documentation upon request or when any changes that may occur in the future.

By signing below, the undersigned acknowledges Sun Life Assurance Company of Canada ("Sun Life") will collect, use, and may disclose personal information for the following purposes: (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service we may offer (any of which referred to here for convenience as "your policy"), (b) to underwrite an application for your policy, (c) to administer claims and determine or fulfill responsibility for coverage and provision of benefits, (d) to administer coverage, benefits, and other features provided by your policy, (e) to obtain reinsurance, or (f) for any other legally permissible purpose related to your policy provided by Sun Life. The undersigned hereby consents to the collection, use, and disclosure of his or her personal information by Sun Life for the purposes described above.

Sun Life may disclose your personal information to reinsurers, affiliates, third-party service providers and agents of Sun Life who may be engaged to assist with the administration of your policy, to carry out the above purposes, to professional advisors, and otherwise as may be required or permitted by applicable law and Sun Life's privacy statement, which is located at <https://www.sunlife.com/PSLF/bermuda>.

Any individual signing below on behalf of an entity or a trust represents and warrants that he or she has full authority to do so and is fully authorized to provide personal information about any individual(s) identified above or attached to or included with this package of documents who are associated with the entity or the trust, including any Director, CEO, Partner, Payor, Controlling Person, Settlor, Underlying Beneficial Owner, or Beneficiary.

Please PRINT clearly.

Name	
Signature X	Date (dd/mm/yyyy)
Capacity (if not signed by the Individual named in Section 1)	

Sun Life may be requesting additional documentation to verify the Source of Wealth information that has been provided. Upon review, the Company may be requesting additional clarification and/or request additional supporting documents.

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

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