



How to Guide: Declaration of Corporation, Partnership or Foundation

Sun Life is honored by the opportunity to meet the needs of Corporations, Partnerships or Foundations 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:

- Corporations, Partnerships or Foundations (sometimes referred to as "the entity" or "the entities") involved with the life insurance Policy/Certificate (whether the entity is named as the Policy Owner/Participant; or serves as the third-party Payor of premiums; or is a third-party Payee of a distribution from the life insurance Policy/Certificate; or is the Beneficiary at the time of claim or is an Irrevocable Beneficiary).
- An entity (including any Private or Public Corporations) serving as an Institutional Trustee, Nominee Shareholder, or Corporate Director within a multi-layer entity structure may also need to complete this form.



SECTION 1: General Information:

must complete lines 1-17



SECTION 2: Directors, CEO, Ultimate Influencer who has the authority to give instructions concerning the entity.

All Corporations must have a minimum of either one Director or an Institutional Director. Please complete all that apply.

- Institutional Director: must complete lines 18-23
- First, Second and Third Individual Director, Chief Executive Officer, General Partner: must complete lines 24-59

If there are more than 3 Individual Directors, please include an attachment or include additional copies of this form.



SECTION 3: Beneficial Owners (including Shareholders, BOs or Private Corporations, Partners, Members; Founders of Foundations).

Each corporation must have at least one BO; if there are Nominee Shareholders, complete lines 51 and 52, and declare the Ultimate BO(s) starting in line 53.

- Entity Shareholder/Nominee Shareholder: must complete lines 60-61
- First, Second and Third individual Beneficial Owner(s) (Natural Person) & Source of Wealth: must complete lines 62-106 and SOW

At least one Beneficial Owner Section must be completed in full, including if the Insured is one of the Beneficial Owners. If there are more than 3 Individual Beneficial Owners, please include an attachment or include additional copies of this form.



SECTION 4: 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 Owner/Participant, remitting premium for an existing Policy/Certificate; a new Policy Owner/Participant and Contingent Participant.



SECTION 5: Specimen Authorized Signatories

This Section is optional and is used by small private corporations to provide specimen signatures of authorized signors in lieu of providing a separate authorized signatories list with specimen signatures.



SECTION 6: Representations and Signatures

- **Must be signed by an Authorized Officer from the list of Authorized Signatories provided.**



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.

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

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DOES NOT NEED TO BE INCLUDED WITH THE FORM AT TIME OF SUBMISSION.

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Declaration of Corporation, Partnership or Foundation



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 to identify all Controllers/Directors (persons who control/have authority to instruct) and Beneficial Owners (persons who own/provide the funds for) the corporation, the foundation, or the partnership.

COMPLETE THIS FORM

- **Corporations, Partnerships, or Foundations (sometimes referred to here for convenience as "the entity" or "the entities") involved with the life insurance Policy/Certificate (whether the entity is named as the Policy Owner/ Participant; or serves as the third-party Payor of premiums; or is a third-party Payee of a distribution from the life insurance Policy/Certificate or is the Beneficiary at the time of claim or is an Irrevocable Beneficiary).**
- **An entity (including any Private or Public Corporations) serving as an Institutional Trustee, Nominee Shareholder, or Corporate Director may also need to complete this form.**

Please **PRINT** clearly.

1. Entity Legal Name	
2. Insured Family Name/Last Name	3. Insured Given Name/First Name
4. Case 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). **If the question does not apply to the entity, please mark "N/A" or "None."**

SECTION 1: GENERAL INFORMATION

Please provide the information below on the Corporation, Partnership, or Foundation. Complete Section 2 for the Directors/Controlling Persons and Section 3 for Beneficial Owners (Shareholders, Partner Members, Founders).

- A. **Corporation**
- Public**
 Ticker symbol _____ on the following stock exchange: _____.
- Private**
 Bearer share entities are **not permitted** as Policy Owners/Participants, Premium Payors, or any underlying role.
- Un-incorporated business**
- B. **Partnership**
- C. **Foundation**
- D. **Not-for-Profit Organization** Does the entity solicit or receive charitable donations? Yes No

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: GENERAL INFORMATION (continued)

General Information

The following information relates to the entity on page 1.

5. Entity Legal Name (must match the entity legal name on page 1)		6. Trade Name (if applicable)	
7. Check one of the boxes below indicating the entity named above is completing this form as: <input type="checkbox"/> The Proposed or Current Policy Owner/Participant <input type="checkbox"/> A Proposed or Current third-party Premium Payor <input type="checkbox"/> A Proposed or Current third-party Payee, or a Beneficiary <input type="checkbox"/> A Proposed Contingent Participant <input type="checkbox"/> A Corporate Service Provider (i.e., an entity acting as a Corporate Director, or Nominee Shareholder, or the Institutional Trustee or Beneficial Owner for a Private Investment Company or a Trust): Please identify the "Corporate Entity Name" that you serve as Corporate Service Provider for below: _____			
8. Nature of Business (of the entity named in item #1 above)			
9. Registration Number	10. Country of Formation	11. Date of Formation (dd/mm/yyyy)	
12. Governing Jurisdiction	13. Name of Regulator (if the entity is regulated)	14. Website (if applicable)	
15. Permanent Registered Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
16. Mailing Address (if different from the Permanent Address above)			
City	State/Province	Country	Postal Code
17. Address of Principal Place of Business (if different from the Permanent Address above)			
City	State/Province	Country	Postal Code

SECTION 2: DIRECTORS, CEO, ULTIMATE INFLUENCER WHO HAS THE AUTHORITY TO GIVE INSTRUCTIONS CONCERNING THE ENTITY

PLEASE NOTE

Director information is not required for Public Corporations.

For an Institutional Director, please complete lines 18–23 below and provide the Corporate documentation. *Certain Corporate Service Providers may have previously provided information and/or Corporate documentation to Sun Life in connection with other Client ownership structures. Please contact Sun Life for information on the requirements for a specific Corporate Service Provider that is acting as Institutional Directors.*

Institutional Director(s)

18. Name of Institutional Director	
19. Is this Director associated with a Bank or Fiduciary Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. If "Yes," please identify the Bank or Fiduciary Company it is associated with.	

If "No," then Institutional Director should complete a separate Declaration of Corporation form and provide Corporate documentation.

21. Name of 2nd Institutional Director	
22. Is this Director associated with a Bank or Fiduciary Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If "Yes," please identify the Bank or Fiduciary Company it is associated with.	

If "No," then Institutional Director should complete a separate Declaration of Corporation form and provide Corporate documentation.

If additional space is required for additional Directors, please include an attachment or include additional copies of this form. When including additional pages, please have the pages signed and dated by the authorized signor(s).

First Individual Director, Chief Executive Officer, General Partner

 **Complete the Section below and attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents.**

Director CEO General Partner Other, please specify _____

24. Family Name/Last Name	25. Given Name(s)/First Name
---------------------------	------------------------------

If the Individual Director is also the Beneficial Owner, please skip questions 26 through 35 and complete the declaration in Section 3.

26. Is/has the above individual 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.			
27. Date of Birth (dd/mm/yyyy)	28. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	29. Country of Birth	30. Citizenship(s)
31. Name of Business/Employer			
32. Nature of Business		33. Occupation	
34. Is the Director, CEO, General Partner, or other individual noted above, or a close relative of the aforementioned, a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. If "Yes," please provide name, full residential address, title/rank, details of duties, or nature of relationship with the PEP.			

SECTION 2: DIRECTORS, CEO, ULTIMATE INFLUENCER WHO HAS THE AUTHORITY TO GIVE INSTRUCTIONS CONCERNING THE ENTITY (continued)

Second Individual Director, Chief Executive Officer, General Partner

 **Complete the Section below and attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents.**

Director CEO General Partner Other, please specify _____

36. Family Name/Last Name	37. Given Name(s)/First Name
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If the Individual Director is also the Beneficial Owner, please skip questions 38 through 47 and complete the declaration in Section 3.

38. Is/has the above individual 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.			
39. Date of Birth (dd/mm/yyyy)	40. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	41. Country of Birth	42. Citizenship(s)
43. Name of Business/Employer			
44. Nature of Business		45. Occupation	
46. Is the Director, CEO, General Partner, or other individual noted above, or a close relative of the aforementioned, a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
47. If "Yes," please provide name, full residential address, title/rank, details of duties, or nature of relationship with the PEP.			

SECTION 2: DIRECTORS, CEO, ULTIMATE INFLUENCER WHO HAS THE AUTHORITY TO GIVE INSTRUCTIONS CONCERNING THE ENTITY (continued)

Third Individual Director, Chief Executive Officer, General Partner

 **Complete the Section below and attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents.**

Director CEO General Partner Other, please specify _____

48. Family Name/Last Name	49. Given Name(s)/First Name
---------------------------	------------------------------

If the Individual Director is also the Beneficial Owner, please skip questions 50 through 59 and complete the declaration in Section 3.

50. Is/has the above individual 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.			
51. Date of Birth (dd/mm/yyyy)	52. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	53. Country of Birth	54. Citizenship(s)
55. Name of Business/Employer			
56. Nature of Business		57. Occupation	
58. Is the Director, CEO, General Partner, or other individual noted above, or a close relative of the aforementioned, a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
59. If "Yes," please provide name, full residential address, title/rank, details of duties, or nature of relationship with the PEP.			

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS)

The following is for Beneficial Owner(s) (BOs) who is/are a **Natural Person/Individual**.

Please provide the names of all Individuals (Natural Persons):

- a) who **ultimately own or control** (whether through direct ownership or control) 25% or more of the shares or voting rights; or controls the assets and funds, whether through ownership or other means;
- b) who established the Personal Investment Company ("PIC"), who is the ultimate source of funds for the PIC; who exercises control over the management of the corporation;
- c) who is/are the founder(s), who exercise control over the management of the foundation (either directly or indirectly);
- d) who is/are the General Partner(s), principals of the partnership; who are entitled to 25% or more of the assets; and/or exercise either directly or indirectly control over the management of the partnership;

and

 **attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents.**

If an entity, such as a Corporation, is owned or controlled by another entity, or has nominee shareholders (Entity Shareholders, not a Natural Person):

- The Entity Shareholder legal entity name in line 60 below must provide the information about the Natural Person(s) who is/are the Ultimate Beneficial Owners in Section 3 (starting line 62). Certain Entity Shareholders may be "Corporate Service Providers" who may have previously provided information and/or documentation to Sun Life in connection with other Client ownership structures. *Please contact Sun Life for information on the requirements for a specific Service Provider that are Entity Shareholders, or Nominee Shareholders.*
- A Declaration of Trust by the nominee/trustee is required, indicating they are holding the account for another person(s), and naming the Beneficial Owners (BO) who is/are the Natural Person(s) and whose information should be provided in this Section 3 (starting on line 62), along with providing the BO's Certified True Copy of a government-issued identification document and Certified Proof of Residential Address.

List the Entity Shareholder/Nominee Shareholder name.

60. Entity Shareholder/Nominee Shareholder legal entity name	% control
Is the Nominee Shareholder associated with a Bank or a Fiduciary Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," please identify the Bank or Fiduciary Company it is affiliated with.	
If "No," the Nominee Shareholder should complete a separate Declaration of Corporation form and provide Corporate documentation.	

61. Is the Nominee Shareholder holding the shares on behalf of another legal entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please provide the name of that legal entity (and/or the Family Trust), and complete the information about the Natural Person(s) who is/are the Ultimate Beneficial Owner(s) in Section 3 (starting on line 62).
If "No," skip line 61, please proceed to Section 3.a, and complete the information about the Natural Person(s) who is/are the Ultimate Beneficial Owner(s).

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

PLEASE NOTE

Section 3 should be completed for all Beneficial Owners, including when the Beneficial Owner is also the Insured.

3.a First individual Beneficial Owner (Natural Person)

62. Family Name/Last Name		63. Given Name(s)/First Name	
64. Is/has the above individual 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.			
65. This person owns or controls _____% of the shares or voting rights or via other means.			
66. Relationship to entity named in line 1: <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Founder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Member <input type="checkbox"/> Settlor/Grantor <input type="checkbox"/> Other: _____			
Relationship to the Insured			
67. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	68. Date of Birth (dd/mm/yyyy)	69. City and Country of Birth	70. Citizenship(s)
71. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
72. Name of Business/Employer			
73. Nature of Business		74. Occupation/Source of Income	
75. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
76. If "Yes," please provide name, title/rank, details of duties, or nature of relationship with the PEP.			

Beneficial Owner's Source of Wealth Information

Please complete all applicable sub-sections that apply to the Beneficial Owner'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**

If the BO is the Insured's spouse with no independent Source of Wealth, please write a statement declaring such.

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

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 \$	

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, and whether the business is still active).			

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

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 \$

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 (Business address, telephone number, and email address)	

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 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: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

3.b Second Individual Beneficial Owner

77. Family Name/Last Name		78. Given Name(s)/First Name	
79. Is/has the above individual 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.			
80. This person owns or controls _____% of the shares or voting rights or via other means.			
81. Relationship to entity named in line 1: <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Founder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Member <input type="checkbox"/> Settlor/Grantor <input type="checkbox"/> Other: _____			
Relationship to the Insured			
82. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	83. Date of Birth (dd/mm/yyyy)	84. City and Country of Birth	85. Citizenship(s)
86. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
87. Name of Business/Employer			
88. Nature of Business		89. Occupation/Source of Income	
90. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
91. If "Yes," please provide name, title/rank, details of duties, or nature of relationship with the PEP.			

Beneficial Owner's Source of Wealth Information

Please complete all applicable sub-sections that apply to the Beneficial Owner'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**

If the BO is the Insured's spouse with no independent Source of Wealth, please write a statement declaring such.

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

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 \$	

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, and whether the business is still active).			

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

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 \$

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 (Business address, telephone number, and email address)	

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 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: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

3.c Third Individual Beneficial Owner

92. Family Name/Last Name		93. Given Name(s)/First Name		
94. Is/has the above individual 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.				
95. This person owns or controls _____% of the shares or voting rights or via other means.				
96. Relationship to entity named in line 1: <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Founder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Member <input type="checkbox"/> Settlor/Grantor <input type="checkbox"/> Other: _____				
Relationship to the Insured				
97. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	98. Date of Birth (dd/mm/yyyy)	99. City and Country of Birth	100. Citizenship(s)	
101. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)				
City	State/Province	Country	Postal Code	
102. Name of Business/Employer				
103. Nature of Business			104. Occupation/Source of Income	
105. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
106. If "Yes," please provide name, title/rank, details of duties, or nature of relationship with the PEP.				

Beneficial Owner's Source of Wealth Information

Please complete all applicable sub-sections that apply to the Beneficial Owner'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**

If the BO is the Insured's spouse with no independent Source of Wealth, please write a statement declaring such.

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

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 \$	

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, and whether the business is still active).			

SECTION 3: BENEFICIAL OWNERS (including SHAREHOLDERS, BOs OF PRIVATE CORPORATIONS, PARTNERS, MEMBERS, FOUNDERS OF FOUNDATIONS) (continued)

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 \$

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 (Business address, telephone number, and email address)	

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 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 4: SOURCE OF PAYMENT

ATTENTION

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.

Name of Bank Account holders	
Name of Financial Institution	Account Number
City where Financial Institution is located	Country where Financial Institutional is located
Name of Policy Owner/Participant	Policy/Certificate Number

SECTION 5: OPTIONAL – SPECIMEN AUTHORIZED SIGNATORIES (AUTHORIZED OFFICERS MUST SIGN ON PAGE 17)

If applicable, please print clearly the names and titles, and provide specimen signatures for, authorized signatories, or attach a list of authorized signatories with specimen signatures. Please complete the effective date of this list.

Name	Title
Signature X	
Name	Title
Signature X	
Effective Date (dd/mm/yyyy)	

SECTION 6: REPRESENTATIONS & SIGNATURES

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

- a. If the entity named in Line 1 is the Policy Owner/Participant with respect to the Policy or Certificate:
 - i. The Company is hereby authorized and directed to accept instructions from the undersigned or anyone on the attached list of authorized officers of the entity. Upon receipt of such instructions, the Company shall have no duty to inquire as to the requesting officer's authority to act for the entity;
 - ii. The entity confirms that all document(s) governing the entity and applicable law permit the entity Owner to apply for and hold the Certificate or Policy that is the subject of the Application when this Form is submitted in conjunction with an Application for a Universal Life Insurance Policy or Group Certificate;
 - iii. I/We also agree to advise the Company promptly of any changes in the Authorized Signatory list, and will advise the Company of changes in any of the "Controllers/Directorship" and/or "Beneficial Owners" of the Corporation which causes the information contained herein to become incorrect and to provide Sun Life with updated information of such changes as soon as practical. If the entity is the Policy Owner/Participant, then without limiting the foregoing, the undersigned, for and on behalf of the entity, agrees that the Company shall not be responsible for the application or disposition of the proceeds of the Certificate or Policy paid to the entity or Beneficiary(ies) on instructions of such officer(s), and payment at the direction of the undersigned, or any one of the officers on the attached list, shall fully discharge the Company from all liability under said Certificate or Policy to the extent of such payment. The Company is permitted to, and will, rely on the information set forth herein, including the attached list of officers, until and unless written notice to the contrary is received by the Company.
- b. The entity is valid, organized, and existing under the laws of the country identified in Section 1 of this form, and any entity(ies) has/have not been and is/are not in the process of being dissolved, wound up, or terminated.
- c. I/We 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.
- d. I/We agree that I/we will submit updated Corporate and Identification documents upon request by the Company.
- e. I/we confirm the entity is not acting on behalf of or at the direction of an undisclosed third-party, or an Identity Verification form as prescribed by the Company is submitted herewith.
- f. The information concerning Source of Wealth is correct and true and any related documents submitted in support thereof are correct and authentic. I agree to provide the Company with further information or documentation upon request.
- g. The undersigned hereby acknowledge and agree that the Company may have obligations to meet the requirements of both Bermuda and foreign regulatory authorities (including Bermuda and foreign tax authorities) as well as other legal obligations from time to time relating to, but not limited to, information sharing and tax reporting and withholdings of any payments due from the Company from time to time.

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.

Must be signed by an Authorized Officer from the list of Authorized Signatories provided.

Authorized Officer Name	Title
Signature X	Date (dd/mm/yyyy)
Authorized Officer Name	Title
Signature X	Date (dd/mm/yyyy)

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

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