



How to Guide: Declaration of Trustee



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:

- A Trust involved with the life insurance Policy/Certificate (whether the Trust is named as Policy Owner/Participant); or serves as the third-party Payor; or the Trust is the Beneficiary, or is a third-party Payee of a distribution from the life insurance Policy/Certificate; or when the Trust plays a role within a Corporate entity structure involved with the ownership of the life insurance Policy/Certificate (e.g., where the Trust serves in the capacity of nominee Director or Nominee Shareholder).



SECTION 1: General Information:

must complete lines 1-13



SECTION 2: Trustee(s)

- Institutional Trustee:
- Individual Trustee(s) or Protector(s):

must complete line 14

must complete lines 15-50



SECTION 3: Beneficial Owner(s) (Settlor(s)/Grantors of Trust)

- First, Second, Third Individual Beneficial Owner (Settlor, Grantor, Donor) & Source of Wealth:

must complete lines 51-95 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: Known Beneficiaries

- Known Beneficiary(ies) of the trust:

must answer question 96 and complete lines 97-112



SECTION 5: Source of Payment

- For Inforce use only, should not be completed for New Business Applications.
- Completed by the third-party Premium Payor who is not the Policy/Certificate Owner and is remitting premium for an existing Policy/Certificate; a new Policy Owner/Participant and Contingent Participant.



SECTION 6: Certifications, Representations & Signatures

- Settlor(s)/Grantor(s)
- Trustees



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.

©2021 Sun Life Assurance Company of Canada. All rights reserved. Sun Life and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada.

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

SLNP-5016 0621 En

This page left blank intentionally.



Declaration of Trustee

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 trustees/protectors/controllers (persons who have authority to instruct) and Beneficial Owners/Settlers (persons who settle, own, or control the trust).

**PLEASE
NOTE**

This form must be completed by/on behalf of all Trusts involved with the life insurance Policy/Certificate (whether the Trust is named as Policy Owner/Participant); or serves as the third-party Payor; or the Trust is the Beneficiary, or is a third-party Payee of a distribution from the life insurance Policy/Certificate; or when the Trust plays a role within a Corporate entity structure involved with the ownership of the life insurance Policy/Certificate, (e.g., where the Trust serves in the capacity of nominee Director or Nominee Shareholder).

Please note that Institutional Trustees must also complete the [Declaration of Corporation form, SLNP-5081](#). (See further instructions in Section 2.)

Please PRINT clearly.

1. Trust Legal Name	
2. Insured Family Name/Last Name	3. Insured Given Name/First Name
4. The legal entity named above is: <input type="checkbox"/> The proposed or current Owner/Participant <input type="checkbox"/> Acting in the capacity of a Nominee Shareholder, or Institutional Director for the Policy Owner/Participant <input type="checkbox"/> The underlying Beneficial Owner of a PIC <input type="checkbox"/> A third-party Payor; or a Beneficiary; or a third-party Payee <input type="checkbox"/> A Proposed Contingent Participant	
5. 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 including additional pages, please have the pages signed and dated by the authorized signor(s). **If any question does not apply, please indicate "N/A" or "None."**

SECTION 1: GENERAL INFORMATION

Please provide the information below on a Trust.

Please complete:

- Section 2 for Trustees and Protector
- Section 3 for Beneficial Owners (BO), (Settlor, Donor, Grantor, BO, and any person who **a**) has control over the trust; **b**) is entitled to a specified interest in at least 25% of the capital of the trust property; c) in whose interest the trust is set up or operates).

6. Trust Legal Name	7. Date of the Trust (dd/mm/yyyy)
8. Country of Establishment of the Trust	9. Country where the Trust is Administered (if different)
10. Trust is: <input type="checkbox"/> Institutional <input type="checkbox"/> Individual/Family	11. Type of Trust: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> Discretionary <input type="checkbox"/> Testamentary

SECTION 1: GENERAL INFORMATION (continued)

12. Permanent Registered Address (Do not use a P.O. Box unless it is the sole address.)

City	State/Province	Country	Postal Code
------	----------------	---------	-------------

13. Mailing Address (if different from the Permanent Registered Address above.)

City	State/Province	Country	Postal Code
------	----------------	---------	-------------

SECTION 2: TRUSTEE(S)

Institutional Trustee(s)

For an Institutional Trustee, please complete the Section below and proceed to Section 3.

Certain Corporate Service Providers acting as Institutional Trustees 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 Trustee.

14. Name of Institutional Trustee


Is the Institutional Trustee associated with a Bank or a Fiduciary Company? Yes No

If "Yes," please identify the Bank or Fiduciary Company it is affiliated with, and proceed to Section 3.

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

SECTION 2: TRUSTEE(S) (continued)

Individual Trustee(s) or Protector(s)

 **Complete this Section for each individual Trustee or Protector and attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents for each Trustee.**

Trustee Protector

15. Family Name/Last Name		16. Given Name(s)/First Name	
17. 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.			
18. Date of Birth (dd/mm/yyyy)	19. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	20. Country of Birth	21. Citizenship(s)
22. Name of Business/Employer			
23. Nature of Business		24. Occupation	
25. Is the trustee (or Protector) or any close relative of the trustee a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			

Trustee Protector

27. Family Name/Last Name		28. Given Name(s)/First Name	
29. 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.			
30. Date of Birth (dd/mm/yyyy)	31. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	32. Country of Birth	33. Citizenship(s)
34. Name of Business/Employer			
35. Nature of Business		36. Occupation	
37. Is the trustee (or Protector) or any close relative of the trustee a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			


SECTION 2: TRUSTEE(S) (continued)

Trustee Protector

39. Family Name/Last Name		40. Given Name(s)/First Name	
41. 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.			
42. Date of Birth (dd/mm/yyyy)	43. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	44. Country of Birth	45. Citizenship(s)
46. Name of Business/Employer			
47. Nature of Business		48. Occupation	
49. Is the trustee (or Protector) or any close relative of the trustee a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
50. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST)

For purpose of this form, the term “Beneficial Owners” includes the following: Trust Settlor, Donor, or Grantor who created and contributed property to the Trust who may or may not have control of the Trust; and includes the Natural Person(s) in whose main interest the trust was set up. If there is another party who contributed or controls 25% or more (directly or indirectly) of the Trust property, that person’s information should also be provided below.

-  Please attach a Certified True Copy of a government-issued identification document and Proof of Residential Address documents for all individuals.
 - If there is any Known Beneficiary of a Trust that is an entity, then such entity should complete a separate [Declaration of Corporation form, SLNP-5081](#). This Section must be completed for all Beneficial Owners, including the Natural Person who is the insured.
 - Please consult the “[Instructions for Identity Documentation](#)” guide for additional guidance on the required documentation that must be submitted with this form.

Section 3 must be completed for all Beneficial Owner(s), including when the Beneficial Owner is the Insured.

3.a First Individual Beneficial Owner (Settlor, Grantor, Donor)

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

If the Settlor is deceased, please note this fact.

51. Family Name/Last Name		52. Given Name(s)/First Name	
53. 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.		_____ % ownership/effective interest in trust	
54. Relationship to the Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Donor <input type="checkbox"/> Grantor			
55. Relationship to the Insured			
56. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	57. Date of Birth (dd/mm/yyyy)	58. Country of Birth	59. Citizenship(s)
60. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
61. Name of Business/Employer			
62. Nature of Business		63. Occupation/Source of Income	
64. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
65. If “Yes,” please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			

Beneficial Owner’s Source of Wealth Information

Please indicate the source of Beneficial Owner’s 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 Settlor, Grantor, Donor is the Settlor Insured’s spouse with no independent Source of Wealth, please write a statement declaring such.

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (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)?			
If wealth was acquired through the sale of a business, please provide details by completing Section D.			
Country of Registration or Incorporation		Date of Registration or Incorporation (dd/mm/yyyy)	

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (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 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: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (continued)

3.b Second Individual BO

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

If the Settlor is deceased, please note this fact.

66. Family Name/Last Name		67. Given Name(s)/First Name	
68. 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.		_____ % ownership/effective interest in trust	
69. Relationship to the Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Donor <input type="checkbox"/> Grantor			
70. Relationship to the Insured			
71. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	72. Date of Birth (dd/mm/yyyy)	73. Country of Birth	74. Citizenship(s)
75. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
76. Name of Business/Employer			
77. Nature of Business		78. Occupation/Source of Income	
79. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
80. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			

Beneficial Owner’s Source of Wealth Information

Please indicate the source of Beneficial Owner’s 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 Settlor, Grantor, Donor is the Settlor Insured’s spouse with no independent Source of Wealth, please write a statement declaring such.

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (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)?			
If wealth was acquired through the sale of a business, please provide details by completing Section D.			
Country of Registration or Incorporation		Date of Registration or Incorporation (dd/mm/yyyy)	

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (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 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: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (continued)

3.c Third Individual B0

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

81. Family Name/Last Name		82. Given Name(s)/First Name	
83. 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.		_____ % ownership/effective interest in trust	
84. Relationship to the Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Donor <input type="checkbox"/> Grantor			
85. Relationship to the Insured			
86. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	87. Date of Birth (dd/mm/yyyy)	88. Country of Birth	89. Citizenship(s)
90. Permanent Residence Address (Do not use a P.O. Box unless it is the sole address.)			
City	State/Province	Country	Postal Code
91. Name of Business/Employer			
92. Nature of Business		93. Occupation/Source of Income	
94. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
95. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.			

Beneficial Owner’s Source of Wealth Information

Please indicate the source of Beneficial Owner’s 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 Settlor, Grantor, Donor is the Settlor Insured’s spouse with no independent Source of Wealth, please write a statement declaring such.

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (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)?			
If wealth was acquired through the sale of a business, please provide details by completing Section D.			
Country of Registration or Incorporation		Date of Registration or Incorporation (dd/mm/yyyy)	

SECTION 3: BENEFICIAL OWNER(S) (SETTLOR(S)/GRANTORS of TRUST) (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 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 4: KNOWN BENEFICIARIES

**PLEASE
NOTE**

The Beneficiary information provided below is in relation to the "Known Beneficiaries" of a trust, not the primary Beneficiary named to receive the death benefits from the Policy/Certificate.

4.a Known Beneficiary of the trust

96. Does the trust have any "Known Beneficiaries" (defined by the Bermuda regulations as those persons or that class of persons who can, from the terms of the trust deed, be identified as having reasonable expectation to benefit from the trust)?
If "Yes," complete this Section 4. If "No," select "No," and proceed to Section 5. Yes No

 **Complete the Section below.**

97. Family Name/Last Name	98. Given Name(s)/First Name
99. 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.	
100. Relationship to the Insured (<i>If the Known Beneficiary of the trust is the insured, provide only the name and skip to the next Known Beneficiary Section, if there is more than one Known Beneficiary.</i>)	
101. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	102. Date of Birth (dd/mm/yyyy)
103. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
104. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.	

4.b Second Known Beneficiary

 **Complete the Section below.**

105. Family Name/Last Name	106. Given Name(s)/First Name
107. 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.	
108. Relationship to the Insured (<i>If the Known Beneficiary of the trust is the insured, provide only the name and skip to the next Known Beneficiary Section, if there is more than one Known Beneficiary.</i>)	
109. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	110. Date of Birth (dd/mm/yyyy)
111. Is this individual or a close relative a PEP (Politically Exposed Person)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
112. If "Yes," please provide name, residential address, title/rank, details of duties, or nature of relationship with the PEP.	

Please attach additional pages if there are more than two Known Beneficiaries.

SECTION 5: 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 6: CERTIFICATIONS, REPRESENTATIONS AND SIGNATURES

The undersigned Settlor(s)/Grantor(s), and the undersigned Trustee(s) on behalf of the trust, confirm, understand, and agree that Sun Life Assurance Company of Canada ("the Company") may and will rely on this certification, and certify that the information contained herein including all supporting documents are accurate and complete. The undersigned further certify the following statements are accurate and complete:

- a. If the trust is the Policy Owner/Participant, the undersigned Trustee(s), any one of them acting singly, has/have the authority, under applicable law, to purchase said life insurance Policy/Certificate on his/her sole signature and have taken all necessary actions to ensure that the purchase is properly authorized.
- b. If the trust is the Policy Owner/Participant, the Trustee(s), any one of them acting singly, on his/her sole signature, may exercise any and all ownership rights, subject to the provisions of the Policy/Certificate, including but not limited to change of Beneficiary, surrender of the Policy/Certificate for its cash value, and obtaining loans on the Policy/Certificate without the consent of the Insured(s), the Settlor(s) or any other person.
- c. If the trust is the proposed Policy Owner/Participant, no Trustee is a U.S. resident (if a Natural Person) or organized or incorporated under U.S. law (if a partnership or corporation).
- d. If the trust is the Policy Owner/Participant, Premium Payor, to the best of my/our knowledge, any funds remitted for any payments of premium are not the proceeds of crime and are not intended to facilitate terrorist activities.
- e. If the trust is the Policy Owner/Participant, the undersigned agree that the Company shall not be responsible for the application or disposition of the proceeds of said Policy/Certificate by the Trustee(s), and payment to the Trustee(s) of the proceeds of said Policy/Certificate shall fully discharge the Company from all liability under said Policy/Certificate to the extent of such payment. Also, by signing this statement, the Settlor(s)/Grantor(s)/UBO(s) and Trustee(s) verify that all information contained herein is true and complete, and will provide additional information or documentation upon request, and that the Company is entitled to rely on this Declaration of Identity for all purposes relating to the said Policy/Certificate, without reference to the specific provisions of the Trust Indenture.
- f. In signing this Declaration of Trustee form, the undersigned hereby acknowledges and agrees 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 to you from the Company from time to time.
- g. The Trustee(s) have established and verified the identities of the Settlor(s)/Grantor(s), Protector(s), BO(s) of the above named Trust, and appropriate documentary evidence to support the identification of those parties as held by us and can be produced on demand.
- h. I/we confirm that I/we are 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.

The singular used herein shall include the plural whenever applicable.

SECTION 6: CERTIFICATIONS, REPRESENTATIONS AND SIGNATURES (continued)

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.

Settlor(s)/Grantor(s)

Name	
Signature X	Date (dd/mm/yyyy)

Name	
Signature X	Date (dd/mm/yyyy)

Trustee(s)

Name	
Signature X	Date (dd/mm/yyyy)

Name	
Signature X	Date (dd/mm/yyyy)