

CONSENT FOR ATTENDING PHYSICIAN'S STATEMENT

Sun Life Assurance Company of Canada Singapore Branch

I, the Proposed Insured, hereby authorise the medical clinic or hospital named below to provide Sun Life Assurance Company of Canada Singapore Branch ("the Company") the document called "Attending Physician's Statement" in relation to myself, for the purpose of my application for life insurance with the Company. I acknowledge that the said document will be relied upon by the Company when it considers my insurability.

Name of Doctor or Attending Physician
Name of Medical Clinic or Hospital
Full Address of Medical Clinic or Hospital
Phone Number of Medical Clinic or Hospital
Your Name on the record if different from your Legal Name

PROPOSED INSURED'S CONSENT

By signing below, I, the Proposed Insured confirm that the information provided in this Statement are complete, true and correct. I hereby consent to the collection, use, storage, transfer and disclosure by the Company of my Personal Data (as defined in the Personal Data Protection Act 2012) contained in (or included with) this Statement for the purposes of the Policy.

Signature of Proposed Insured *	
Name of Proposed Insured	
ID / Passport Number of Proposed Insured	Date (dd/mm/yyyy)

***Where the Proposed Insured is below the age of 16 years, his/her parent/legal guardian should sign and provide identification and/or other documents as required by the Company.**

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