

# Submission Statement

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|---|--|
| <input type="checkbox"/> Sun Global Legacy Classic II | <input type="checkbox"/> Sun Global Aurora   |
| <input type="checkbox"/> Sun Global Legacy Core II    | <input type="checkbox"/> Sun Global Luna     |
| <input type="checkbox"/> Sun Global Solis             | <input type="checkbox"/> Sun Global Solis II |
| <input type="checkbox"/> Future-B                     |  |



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

Please **PRINT** clearly.

Financial Representative	Distributor Firm
Insured Name	

Check this box if you would like to receive **Alternate Multi-pay Commission**. If you do not check this box, commission will be paid in accordance with the Commission Agreement with the writing Distributor. *Alternate Multi-pay Commission is only available for Sun Global Aurora, Sun Global Legacy Classic II, Sun Global Legacy Core II, and Sun Global Solis products.*

In submitting these forms, I certify that: (1) to the best of my knowledge and belief, neither the Owner/Participant nor the potential Insured is a U.S. Person, as defined in the Essential Information and Product Disclosure document, nor a resident of Canada or Bermuda; (2) completion of these forms and submission of this business has been done in compliance with all local laws concerning permissible activities in the Client's country of residence and all procedures issued by Sun Life; (3) the submitted material is complete and true to the best of my knowledge and belief; (4) the questions contained in these forms, and any accompanying information, were asked of the potential insured and the answers recorded correctly. In accordance with my obligations to Sun Life, I certify that I viewed an original, unexpired identity document of the (i) proposed insured and, (ii) Owner/Participant or Payor if an individual; or if an entity, provided the required identification information of the Owner/Participant or Payor and submitted information on Source of Funds and Source of Wealth as required, and (iii) upon reasonable inquiry, the Owner/Participant or Payor is not acting on behalf of or at the direction of an undisclosed third-party or a Declaration of Individual form as prescribed by the Company is submitted herewith.

I further certify that I have given a copy of the following document to the potential insured or the potential insured's Authorized Representative:

Document Name	Description	Representative's Initials
Essential Information and Product Disclosure	Explains key features of the product that your Client must understand, including the Declaration of Custodianship	

The following completed forms must accompany this Statement or have been previously submitted:

**PLEASE NOTE** Forms marked with an (\*) are not applicable for Sun Global Aurora and Sun Global Luna unless specifically requested by the Company.

Form Name	Description	Signed By
<b>Information Disclosure and Authorization</b> (Attach certified copy of Client Identity Documentation with legible photograph and signature)	Potential insured grants power of attorney, provides essential personal and financial information and authorizes release of medical and financial information	Potential insured
<b>Financial Representative Report</b>	Letter identifying how the Financial Representative met the potential insured, referral source, purpose for insurance, and any other pertinent information	Financial Representative
<b>Financial Recommendation and Verification Letter* For ages 20+</b>	Letter providing a recommendation of the potential insured; including length of relationship, verification of the Confidential Financial Statement, and confirmation of the source of funds/wealth	Independent third-party (banker, attorney, or accountant)
<b>Confidential Medical Questionnaire* For ages 20+</b>	Medical information on the potential insured and statement from Physician(s) including test results	Potential insured, Physician(s), and Physician's Assistant
<b>Health History Questionnaire* For ages 20+</b>	Medical information on the potential insured	Potential insured
<b>Attending Physicians' Statement(s)*</b>	Medical reports from Physician(s) who have previously treated the potential insured including test results	Physician(s)
<b>Signed Illustration</b>	Sun Life branded illustration	Owner/Participant and Financial Representative
<b>Application for Life Insurance Policy/Certificate</b>	Application for insurance, including required identity documentation	Owner/Participant or Authorized Representative
<b>Financial Representative Data Form</b>	Required if this is your <u>first</u> application submission for a Sun Life International product	Financial Representative and General Agent

Financial Representative Signature X	Date (dd/mm/yyyy)
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