

# Client address confirmation



Please read and complete the following document carefully. We will use this form to confirm and verify you as a Sun Life Client. Once you have been verified, we will correct your address.

## Why does Sun Life need to confirm your identity?

Although you may have been a Client of Sun Life for some time, we have received returned mail from Canada Post and have not received an updated address from you.

## What will Sun Life accept as a confirmation of your identity?

To confirm your identity, we need you to provide some of your personal and contract information so we can compare it to our records.

If you know your contract number, please provide it.

OR

If you do not know your contract number, please provide the last three digits ONLY of your Social Insurance Number so we can use it to match you to your policy.

## 1 Information we need from you to confirm your identity as a Sun Life Client

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)	Telephone number
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Select your relationship to the contract  Owner  Beneficiary  Annuitant  Other \_\_\_\_\_

## 2 Address information

Residential address (street number and name) <b>Note:</b> PO Box and General Delivery addresses are not acceptable.	Apartment or suite	
City	Province	Postal code

Is the mailing address the same as residence?  No  Yes

Current mailing address	Apartment or suite	
City	Province	Postal code

Previous mailing address	Apartment or suite	
City	Province	Postal code

## 3 Sign and date here

### Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy) or call us for a copy.

Your first name	Your last name		
Signature X	Date (dd-mm-yyyy)	Signed at (Province)	

### Please return to:

Sun Life Assurance Company of Canada  
P.O. Box 1601, STN Waterloo  
Waterloo, ON N2J 4C5

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