

DECLARATION OF SOURCE OF FUNDS

| Date (dd/mm/yyyy)dd/mm/yyyy | | Policy Number: | |
|--|----------------------------------|---------------------------|--|
| | | | |
| Amount: | Currency: | | |
| Name of Individual: (First, Middle Initial, | Last Name) | | |
| Address: (Number, Street, Apt., RR, City | <i>ı</i> , Province) | | |
| Postal Code: | Telephone No.: (000) 000-0000 | | |
| Occupation: | · | | |
| Driver's License # and Expiry Date: | | | |
| Passport # and Expiry Date: | | | |
| Name of Corporation: | | | |
| Address of Corporation: (Number, Stree | t, Apt., RR, City, Province) | | |
| Postal Code: | Telephone No.: (000) 000-0000 | | |
| Place and Registration #: | · | | |
| I declare that the source of this paym For 'Other', please be specific. | nent is one of the following: | | |
| Employment Income | Gift | Grants/Scholarships | |
| Insurance Claim Payments | Investment Income Savings | Retirement/Pension Income | |
| Sale of Assets | Trust/Inheritance | Lottery Winnings | |
| Other | | | |
| | | | |

Policy requires that we verify the source of funds before accepting transactions. Consent is given to the Insurance Company to disclose this information to law enforcement authorities.