

## DECLARATION OF SOURCE OF FUNDS

Date (dd/mm/yyyy) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Amount:	Currency:	
Name of Individual: (First, Middle Initial, Last Name)		
Address: (Number, Street, Apt., RR, City, Province)		
Postal Code:	Telephone No.:	
Occupation:		
Driver's License # and Expiry Date:		
Passport # and Expiry Date:		
Name of Corporation:		
Address of Corporation: (Number, Street, Apt., RR, City, Province)		
Postal Code:	Telephone No.:	
Place and Registration #:		

I declare that the source of this payment is one of the following:

For 'Other', please be specific.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employment Income        | <input type="checkbox"/> Gift                      | <input type="checkbox"/> Grants/Scholarships       |
| <input type="checkbox"/> Insurance Claim Payments | <input type="checkbox"/> Investment Income Savings | <input type="checkbox"/> Retirement/Pension Income |
| <input type="checkbox"/> Sale of Assets           | <input type="checkbox"/> Trust/Inheritance         | <input type="checkbox"/> Lottery Winnings          |
| <input type="checkbox"/> 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.

\_\_\_\_\_  
 Advisor Signature

\_\_\_\_\_  
 Customer Signature