

DECLARATION OF SOURCE OF FUNDS

Date (dd/mmm/yyyy) _____

Application No. / Policy No.: _____

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.:	
Jurisdiction of Incorporation and Registration#:		

I declare that the source of this payment is (Select all that apply):
 For 'Other', please be specific.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Employment income | <input type="checkbox"/> Retirement Income/Pension Income | <input type="checkbox"/> Grants/Scholarships |
| <input type="checkbox"/> Insurance Claim Payments | <input type="checkbox"/> Corporate | <input type="checkbox"/> Investment Income/Savings | <input type="checkbox"/> Sale of Assets |
| <input type="checkbox"/> Trust/Inheritance | <input type="checkbox"/> Gift | <input type="checkbox"/> Loan | <input type="checkbox"/> Lottery Winnings |
| <input type="checkbox"/> Proceeds from a legal case or action | <input type="checkbox"/> Other | | |

 Advisor Signature

 Policy Owner Signature