

## **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.