



DECLARATION OF SOURCE OF FUNDS

Date (dd/mmm/yyyy)dd/mmm/yyy	<u>y y</u>	Application No. / Policy No.:	
Amount:	Currency:		
Name of Individual: (First, Middle Initia	al, Last Name)		
Address: (Number, Street, Apt., RR, C	tity, Province)		
Postal Code:	Telephone No.: (000) 000-000	0	
Occupation:	(000) 000 000		
Driver's License # and Expiry Date:			
Passport # and Expiry Date:			
Name of Corporation:			
Address of Corporation: (Number, Stre	eet, Apt., RR, City, Province)		
Postal Code:	Telephone No.:		
Jurisdiction of Incorporation and Regi	(000) 000-000	0	
durisdiction of incorporation and negr	Sti atiOi i#.		
For 'Other', please be specific. Self-employment income Insurance Claim Payments Trust/Inheritance	☐ Employment income ☐ Corporate ☐ Gift	☐ Retirement Income/Pension Income☐ Investment Income/Savings☐ Loan	☐ Grants/Scholarships☐ Sale of Assets☐ Lottery Winnings
☐ Proceeds from a legal case or		☐ Other	
Advisor Signature		Policy Owner Signature	