

BMO Bank of Montreal Representative:

First name	Last name
Signature X	
Telephone number _ _	Fax number _ _
Date (dd-mm-yyyy) _ _	

Branch Domicile Stamp

Attach screen print(s) of account details and a copy of all insurance applications pertaining to this claim.

What information is required for a Job Loss Claim?

Checklist:

- a completed Bank Statement
- a completed and signed Claimant Statement
- a completed Employer Statement
- a copy of your Record of Employment filed with Human Resources Development Canada
- Employment Insurance Approval Letter
- Employment Insurance Payment Statement
- a copy of the Mortgage Insurance Application(s) pertaining to this claim.

Sun Life Assurance Company of Canada can only process your claim when we have received all of the above documents fully completed. To prevent delays, please be sure the forms are completed in full and provide as much information as possible to help with the adjudication of your claim.

Please submit your claim to: Sun Life Assurance Company of Canada
Creditor Team – Disability Claims
PO BOX 100 Stn C
Kitchener ON N2G 3W9.

Important notes

- Proof of claim must be submitted within 120 days of the date of job loss.
- Payment of benefits commence after completion of the qualifying period.
- Any costs for information to substantiate your claim is your responsibility.
- It is your responsibility to notify Sun Life Assurance Company of Canada of your return-to-work date.
- Please retain a photocopy of your claim forms for your records.
- Sun Life Assurance Company of Canada will inform you if your claim is subject to further investigations.
- Until Sun Life Assurance Company of Canada advises you in writing of the decision, it is your responsibility to continue paying your loan payments in full.
- For questions about your claim, you may call Sun Life Assurance Company of Canada at 1-877-271-8713.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

Bank's Statement

Instructions

- To be completed by the Branch Representative.
- Attach a copy of all mortgage insurance applications pertaining to this claim.
- Give the entire claim package to the customer once this Bank Statement is complete.
- Advise your customer to send the completed claim package directly to Sun Life.

1 Insured's information

First name		Last name		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Language	<input type="checkbox"/> English
				<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		<input type="checkbox"/> French
Date of birth (dd-mm-yyyy)		Date of job loss (dd-mm-yyyy)		Telephone number		
Address (street number and name)					Apartment or suite	
City		Province		Postal code		

2 Mortgage information

Mortgage number		Effective date of insurance (dd-mm-yyyy)			
Funding Mortgage account number					
Bank number		Transit number		Account number	
Is this mortgage <input type="checkbox"/> New <input type="checkbox"/> Refinanced – If refinanced, was it previously insured? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Pre-approved mortgage – If yes, what is the closing date (dd-mm-yyyy) _____					
Mortgage payment (PIT) at date of job loss		Current premium payments at date of job loss			
\$ _____		Disability \$ _____	Life \$ _____	Critical Illness \$ _____	Job loss \$ _____
		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly
		<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly
Last payment due date (dd-mm-yyyy)		Percent of balance covered		Coverage status	
		<input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Other		<input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending	

3 Insured co-borrower

Last name	First name	Last name	First name
1		5	
2		6	
3		7	
4		8	

4 Lender information

First name		Last name	
Telephone number		Transit number	Current date (dd-mm-yyyy)

I am an authorized representative of the Bank of Montreal and I hereby certify that the above information is true and correct.

Signature of lender X	Title
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Claimant's Statement

Proof of claim must be submitted within 120 days of the date of job loss.

Instructions

- The "Claimant's Statement" must be fully completed, making sure all questions are answered.
- Please be sure to indicate your mortgage number below.
- Please be sure to sign and date the Claimant Authorization.
- It is your responsibility to advise Sun Life Assurance Company of Canada when you return to work.
- Print clearly in block letters.
- Please complete and send back to Sun Life.

1 Claimant information

First name		Last name			
Address (street number and name)					
City			Province		Postal code
Date of birth (dd-mm-yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Language	<input type="checkbox"/> English <input type="checkbox"/> French	Telephone number
					<input type="checkbox"/> Bus. <input type="checkbox"/> Res.
Branch Transit	Mortgage number	Current mortgage payment	Payment frequency		
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks	

2 Employment details

Occupation at date of job loss					
Employment type			If seasonal, regular months of employment (dd-mm-yyyy)		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary	From:	To:
Brief job description					
Name of employer (at time of job loss)					
Address (street number and name)					
City			Province		Postal code
Last day worked (dd-mm-yyyy)		Date returned to work (dd-mm-yyyy)		Expected date of return to work (dd-mm-yyyy)	

If employed by the above employer for less than 6 months, please provide:

Name of previous employer			
Address (street number and name)			
City		Province	Postal code
			Telephone number
Please provide details regarding your Employment Insurance (E.I.) application (please include a copy of all E.I. correspondence for this claim)		Date you registered for E.I. benefits (dd-mm-yyyy)	Benefit effective date, if known (dd-mm-yyyy)

3 Claimant authorization

I certify that the statements in this form are true and complete. I understand that Sun Life Assurance Company of Canada may investigate this claim. I authorized Sun Life Assurance Company of Canada, its agents and service providers (i) to collect, use, and disclose information about me (excluding health information) with the Bank of Montreal for the purpose of administering my claim and (ii) to collect, use and disclose information about me (including health information) needed for underwriting, administration and adjudicating claims under this Group Policy with any person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, insurers and reinsurers. A photocopy of this authorization is as valid as the original and shall continue to have effect throughout the administration of the plan.

Signature of claimant X	Date (dd-mm-yyyy) — —
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4 Keeping your information confidential

We are responsible for all personal information in our possession, including information transferred to a third-party service provider or agent, so that we can provide you with a product or service. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. All such persons, whether or not they are located in Canada, are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Employer's Statement

Proof of claim must be submitted within 120 days of the date of job loss.

1 Employee information

First name		Last name	
Employee's address (street number and name)			
City		Province	Postal code
Employee's commencement date of employment (dd-mm-yyyy) _ _	Employee's last scheduled working day (dd-mm-yyyy) _ _	Employee's last day worked (dd-mm-yyyy) _ _	

2 Employment details

Reason for discontinuing work			
<input type="checkbox"/> Dismissal without cause	<input type="checkbox"/> Unionized labour dispute	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Lay-off	<input type="checkbox"/> Strike or lockout		
If lay-off, date employee notified (dd-mm-yyyy) _ _	Date expected to return to work (dd-mm-yyyy) _ _	Date returned to work (dd-mm-yyyy) _ _	
Occupation as of last day worked			
<input type="checkbox"/> Full-time specify number of hours worked per week:	<input type="checkbox"/> Part-time specify number of hours worked per week:	<input type="checkbox"/> Seasonal provide inclusive date of employment (dd-mm-yyyy) From: _ _ To: _ _	

3 Certification and signature

I certify that, according to the records of this organization, the above information is correct.

Name of authorized official (please print)		Title	
Name of employer	Telephone number _ _	Fax number _ _	
Address (street number and name)			
City		Province	Postal code
Signature of authorized official X		Date (dd-mm-yyyy) _ _	