



**LETTER OF AUTHORIZATION  
FOR NON-RESIDENTS**

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CANADA REVENUE AGENCY

I hereby authorize the Wawanesa Life Insurance Company to withhold and remit the required amount of tax in respect of the disposition of an insurance policy:

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

\_\_\_\_\_  
Name of Policy Owner

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Canadian Social Insurance Number

Current Mailing Address:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**PLEASE RETURN FORM TO:  
Attention: Accounting Department, The Wawanesa Life Insurance Company, 400-200 Main Street,  
Winnipeg MB R3C 1A8, FAX: 1-888-985-3872**

**Should you have any questions or need assistance, please contact our Customer Service Department:  
PHONE: 1-800-263-6785 FAX: 1-888-985-3872 EMAIL: lifecustserv@wawanesa.com WEBSITE: wawanesalife.com**