



# 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](mailto:lifecustserv@wawanesa.com)**