

## Request for information about affiliations outside Canada

Send completed form by mail or fax to:

**Outside Quebec**  
 Manulife Financial  
 Individual Insurance  
 500 King Street North  
 PO BOX 1669  
 WATERLOO ON N2J 4Z6  
 1-800-871-5122

**Inside Quebec**  
 Manulife Financial  
 Individual Insurance  
 2000 RUE MANSFIELD  
 BUREAU 1310  
 MONTREAL QC H3A 3A1  
 1-800-288-1213 or  
 (514) 286-0146 (in Montreal)

- *You* and *your* refer to the payor. The *payor* is the person who makes deposits to this policy.
- *We*, *us*, and *our* refer to The Manufacturers Life Insurance Company.
- Complete a form for **each** payor. If deposits are made from a joint bank account, complete a form for **each** joint account holder.
- **Print clearly.**

This form must be submitted with an application for a universal life or Performax Gold policy if a deposit of \$100,000 or more will be made or has been illustrated for that policy. The questions on this form collect the information required under Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act about politically exposed foreign persons. For specific information about the legislation, see [www.fintrac.gc.ca](http://www.fintrac.gc.ca)

<b>1 General information</b>	Application number or policy number	Name of payor (first, middle initial, last)	Name of owner (first, middle initial, last)
<b>2 Affiliations outside Canada</b>	<p>In this section, <i>close relative</i> means:</p> <ul style="list-style-type: none"> <li>• your spouse or common-law partner</li> <li>• the biological, adoptive or step parent of your spouse or common-law partner</li> <li>• your biological, adoptive or step parent</li> <li>• your biological, adopted or step son or daughter, or</li> <li>• your biological, adopted, half or step brother or sister</li> </ul> <p>Have you or any of your close relatives held one of the positions listed below outside Canada?</p> <p><input type="radio"/> No If <i>no</i>, go to section 4.</p> <p><input type="radio"/> Yes If <i>yes</i>, provide the following information (attach additional pages if necessary):</p> <p>Indicate position held in a foreign government, military or government agency</p> <ul style="list-style-type: none"> <li><input type="radio"/> Head of state or head of government</li> <li><input type="radio"/> Member of the executive council of government or member of a legislature</li> <li><input type="radio"/> Deputy minister (or equivalent)</li> <li><input type="radio"/> Ambassador or ambassador's attaché or counsellor</li> <li><input type="radio"/> Military officer at the rank of General or higher</li> <li><input type="radio"/> President of a government-owned company or bank</li> <li><input type="radio"/> Head of a government agency</li> <li><input type="radio"/> Judge</li> <li><input type="radio"/> Leader or president of a political party represented in a legislature</li> </ul> <p>Name of person who holds or held a foreign political office (first, middle initial, last)</p> <p>Title of the position</p> <p>In what country</p> <p>Years served in that position (example: 1992-2001)</p> <p>Person who held this position is</p> <ul style="list-style-type: none"> <li><input type="radio"/> you or</li> <li><input type="radio"/> your spouse or common-law partner</li> <li><input type="radio"/> the biological, adoptive or step parent of your spouse or common-law partner</li> <li><input type="radio"/> your biological, adoptive or step parent</li> <li><input type="radio"/> your biological, adopted or step son or daughter, or</li> <li><input type="radio"/> your biological, adopted, half or step brother or sister</li> </ul>		
<b>3 Sources of funds used for deposits</b>	<p>What are the sources of funds that are being or will be deposited into the policy? (Select all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Self-employment income</li> <li><input type="radio"/> Investment income</li> <li><input type="radio"/> Gift, inheritance</li> <li><input type="radio"/> Income earned through employment</li> <li><input type="radio"/> Sale of an asset</li> <li><input type="radio"/> Savings</li> <li><input type="radio"/> Benefits paid from an insurance policy</li> <li><input type="radio"/> Proceeds from a legal case or action</li> <li><input type="radio"/> Other _____</li> </ul>		
<b>4 Signatures</b>	<p>By signing below, you confirm that, to the best of your knowledge, the information you have provided is complete and accurate.</p> <p>Signed at (city or town, province)</p> <p>Signature of payor</p> <p>Date (dd/mmm/yyyy – for example, 23/JUL/2007)</p> <p><b>x</b></p>		