

Politically Exposed Foreign Persons Questionnaire

This form must be completed whenever a lump sum premium payment of \$100,000.00 or more is made in respect of a Universal Life insurance policy, a Non-Registered Annuity or a Guaranteed Investment Fund.

Policy Owner(s) Name: _____ Application No./Policy No.: _____

In this form,

(a) ***“politically exposed foreign person”*** means an individual who now holds, or has at any time in the past held, one or more of the following offices or positions in or on behalf of a foreign state:

- a head of state or government,
- a member of the executive council of government or member of a legislature,
- a deputy minister or equivalent,
- an ambassador or an ambassador’s attaché or counsellor,
- a military officer with a rank of general or above,
- a president of a state-owned company or bank,
- a head of a government agency,
- a judge, or
- a leader or president of a political party in a legislature,

and includes the following family members of such an individual:

- the spouse or common-law partner of such individual,
- a child of such individual,
- the mother or father of such individual,
- the mother or father of such individual’s spouse or common-law partner, and
- a brother, sister, half-brother or half-sister of such individual,

(b) ***“foreign state”*** means a province, state or other political subdivision of a state other than Canada, or any dependency, possession, protectorate, or any territory falling under a jurisdiction of a state other than Canada (e.g., the United States of America, the State of New York, and the U.S. Virgin Islands, are each foreign states), and

(c) ***“designated individual”*** means each of the following individuals:

- the policy owner(s) if the policy owner(s) are individuals,
- the individual(s) who signed the application, if the policy owner is a corporation, partnership, trust or other entity **(e.g., an officer or director in the case of a corporation or a trustee in the case of a trust)**,
- the individual who signed the application, if the policy owner is a sole proprietorship or unincorporated association,
- the individual(s) who signed the application, if an attorney/mandatory acting under a power of attorney/mandate signed the application, or
- the individual actually paying the premium (payor).

Policy Owner(s) Name: _____ Application No./Policy No.: _____

In respect of this application or policy, is any designated individual now, or has any designated individual ever been, a politically exposed foreign person? Yes No

If the answer to the above question is "Yes", then please complete the following for each politically exposed foreign person.

If the answer to the above question is "No", then please simply complete the Signatures.

First Name			Middle			Last Name		
Relationship to Policy <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Other (please specify) _____								
Date of Birth (dd/mmm/yyyy)			Place of Birth (Prov. or State/country)			Residence of Canada for Canadian income tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address (Street and number, Apt.)								No. of Years
City			Province		Postal Code		Residence Tel.	
The office(s) or position(s) in respect of which the individual is determined to be a <i>politically exposed foreign person</i> :								
Office/Position			Jurisdiction			When held (dd/mmm/yyyy to dd/mmm/yyyy)		
Office/Position			Jurisdiction			When held (dd/mmm/yyyy to dd/mmm/yyyy)		
Source of Funds (select all that apply)								
<input type="checkbox"/> Self-employment income		<input type="checkbox"/> Employment income		<input type="checkbox"/> Retirement Income/Pension Income		<input type="checkbox"/> Grants/Scholarships		
<input type="checkbox"/> Insurance Claim Payments		<input type="checkbox"/> Corporate		<input type="checkbox"/> Investment Income/Savings		<input type="checkbox"/> Sale of Assets		
<input type="checkbox"/> Trust/Inheritance		<input type="checkbox"/> Gift		<input type="checkbox"/> Loan		<input type="checkbox"/> Lottery Winnings		
<input type="checkbox"/> Proceeds from a legal case or action				<input type="checkbox"/> Other		<input style="width: 100%;" type="text"/>		

I/We, the undersigned, confirm that the statements and answers in this document are complete and true and correctly recorded, and agree that this document forms part of the above-noted application.

Signatures

Signed at _____ this _____ day of _____, 20 _____

Owner	X	(If company-owned, 2 signatures and titles, or 1 signature and the corporate seal)
Owner	X	
Payor	X	
Advisor	X	
Witness	X	

If there is more than one politically exposed foreign person associated with this application or policy, then please complete a Questionnaire for each.