

VERIFICATION OF IDENTITY OF OWNER(S) / DETERMINATION OF THIRD PARTY INTERESTS

FOR ADVISOR USE ONLY

Policy/contract number

1.0 Verification of Individual Owner(s) – All sections must be completed

Name of Owner 1 (and title, if signing for a corporation/entity)

Name of Owner 2 (and title, if signing for a corporation/entity)

Which document is the advisor using to verify the identity of Owner 1?

Passport Driver's Licence Provincial Health Card (Except in MB, ON and PEI) Other _____

Document number	Jurisdiction and country of issue	Date of expiry (dd/mmm/yy)	Date of verification (dd/mmm/yy)

Which document is the advisor using to verify the identity of Owner 2?

Passport Driver's Licence Provincial Health Card (Except in MB, ON and PEI) Other _____

Document number	Jurisdiction and country of issue	Date of expiry (dd/mmm/yy)	Date of verification (dd/mmm/yy)

1. Have you, any of your close relatives* or any other persons closely associated** with you:

a) held one of the following positions in the last 5 years in Canada?

- Governor General, lieutenant-governor or head of federal or provincial government;
- member of the Senate or House of Commons or member of a provincial legislature;
- deputy minister of federal or provincial government or equivalent rank;
- head of a federal or provincial government agency;
- leader or president of a political party represented in a legislature;
- mayor of a city, town, village, or rural or metropolitan municipality;
- president of a corporation wholly owned directly by Her Majesty in right of Canada or a province;
- military officer with a rank of general or above;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or
- ambassador, or attaché or counsellor of an ambassador

b) ever held one of the following positions in a country other than Canada?

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

2. Are you, any of your close relatives* or any other persons closely associated** with you currently the head of an international organization± or the head of an organization established by an international organization?±±

Owner 1 yes no If yes, provide details: _____

Owner 2 yes no If yes, provide details: _____

*A close relative is your child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of your spouse/civil union spouse/common-law partner; or child of your mother or father.

** A close associate is an individual who is closely connected to the Owner(s) for personal or business reasons.

± The head of an international organization is the primary person who leads that organization, for example a president or CEO.

±± An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments. E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court.

2.0 Determination of Third Party Interests

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, the advisor must determine any third party interests. **You must answer 'Yes' or 'No'.**

Is someone other than the Life Insured or Owner paying the premiums or going to have an ownership interest in the policy?

no yes – complete the entire section.

Name (first, middle, last) or legal name of corporation/other entity			Date of birth (dd/mmm/yy)
Address (number and street name)	City	Province	Postal code
Occupation (job title and duties) (if retired, indicate former occupation)			Relationship to Owner
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	

3.0 Signatures

I have verified the identity of the Owner(s) and performed a determination of third-party interests as completed in this supplement.

Signature of advisor X	Date (dd/mmm/yy)
Name of advisor (please print)	