



# Client Identification Supplementary Information

Policy/Account/Contract Number: \_\_\_\_\_

As required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*, the following information must be provided when the situation applies.

**1 Ownership Details** – to be completed when the Policyholder/Planholder/Owner (& Additional Policyholder/Joint Planholder/ Multiple Owners, if applicable) is a Corporation or an Entity.

Please provide the name and occupation of all Directors of the corporation.			
Name	Occupation		

  

Please provide the name, address and occupation of all individuals who directly or indirectly own or control 25% or more of the shares of the corporation or control 25% of the entity other than a corporation (such as: Trust, Association, Union).			
Name	Address	Occupation	% Share

**2 Not-For-Profit Organization** – to be completed when the Policyholder/Planholder/Owner (& Additional Policyholder/Joint Planholder/Multiple Owners, if applicable) is a charitable organization.

Please provide the following information:	
Income Tax Registration Number: _____	
If your charity organization is not registered for income tax purposes, please respond to the following question: Does your organization solicit charitable financial donations from the public? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	

**3 Politically Exposed Foreign Persons** – to be completed when an individual makes a lump sum payment of \$100,000 or more for a non-registered immediate or deferred annuity, a non-registered mutual fund account or a non-registered life insurance policy.

Have you or any close relative <sup>1</sup> ever held a senior position in a government, political party, military, tribunal/court or government-owned corporation of a foreign country? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
<i>If yes, please provide the following information:</i>	
Name	<b>Source of funds:</b> Earned income <input type="checkbox"/> Estate (Inheritance) <input type="checkbox"/> Corporate owned money <input type="checkbox"/> Personal Savings <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____
Position	
Relationship (to the policy/account/contract applicant, if applicable)	

<sup>1</sup> Close relative: spouse; common law partner; mother; father; child; brother, sister, half-brother; half-sister; spouse's or common-law partner's mother or father.

I certify to the best of my knowledge the information supplied within this form is accurate.

Signature of Insurance Representative/Advisor

Date

The Standard Life Assurance Company of Canada

[www.standardlife.ca](http://www.standardlife.ca)