

To be completed by each proposed owner who answers "Yes" to the question regarding Politically Exposed Foreign Persons.

**PROPOSED OWNER 1** Name (please print): \_\_\_\_\_ Policy/Account No. (if available) \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Which of the following positions is or was held by you or a family member in a country other than Canada: | <b>YES</b>               | <b>NO</b>                |
| a. head of state; .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. member of executive council of government or member of the legislature; .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. deputy minister (or equivalent); .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ambassador or ambassador's attaché or counsellor; .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. military general (or higher rank); .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. president of a state-owned company or bank; .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. judge or leader or president of a political party in a legislature? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
2. Was the position held by you, or by a person to whom you are related? ..... Self  A relative
3. If the position was held by a person to whom you are related,  
what is the person's name and relationship to you? Name \_\_\_\_\_ Relationship \_\_\_\_\_
4. In what country was the position held? \_\_\_\_\_
5. When was such position held? FROM (MM/YYYY) \_\_\_\_\_ TO (MM/YYYY) \_\_\_\_\_
6. Where did you obtain the funds to be used to purchase this policy or to be deposited into this account?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Proposed Owner 1 **X** \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

**PROPOSED OWNER 2** Name (please print): \_\_\_\_\_ Policy/Account No. (if available) \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Which of the following positions is or was held by you or a family member in a country other than Canada: | <b>YES</b>               | <b>NO</b>                |
| a. head of state; .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. member of executive council of government or member of the legislature; .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. deputy minister (or equivalent); .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ambassador or ambassador's attaché or counsellor; .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. military general (or higher rank); .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. president of a state-owned company or bank; .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. judge or leader or president of a political party in a legislature? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
2. Was the position held by you, or by a person to whom you are related? ..... Self  A relative
3. If the position was held by a person to whom you are related,  
what is the person's name and relationship to you? Name \_\_\_\_\_ Relationship \_\_\_\_\_
4. In what country was the position held? \_\_\_\_\_
5. When was such position held? From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) \_\_\_\_\_
6. Where did you obtain the funds to be used to purchase this policy or to be deposited into this account?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Proposed Owner 2 **X** \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

**For Head Office Management Use**

Reviewed by \_\_\_\_\_

Name

Title

Date (DD/MM/YYYY)

**Copy 1: TLC Head Office Copy 2: Rep/Advisor Copy 3: Dealer/GA Copy 4: Client**

