

## Politically exposed foreign person determination (PEFP) pursuant to regulatory requirement

**Completion is mandatory**

Application/policy/contract no. /client ID number, if known, otherwise application date	Applicant/policyholder/payor name (first, middle initial, last)
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**This form must be completed for each person paying \$100,000 or more, either to establish or as an additional contribution to a:**

- **Non-registered investment savings policy**
- **Non-registered deferred or immediate payout annuity**
- **Life insurance policy**

**If there is more than one individual policyholder/payor, each must complete a separate form.**

To the best of the applicant's/policyholder's/payor's knowledge, has the applicant/policyholder/payor or any close relative (living or deceased), ever held any of the following positions or offices in or on behalf of a country **other than Canada**?

**No**  **Yes**  If yes, please complete the information below including source of payment.

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Member of the executive council of government</li> <li>2. President of a state-owned company or a state-owned bank</li> <li>3. Deputy minister or equivalent rank</li> <li>4. Ambassador or attaché or counselor of an ambassador</li> </ol> | <ol style="list-style-type: none"> <li>5. Leader or president of a political party represented in a legislature</li> <li>6. Head of state or head of government</li> <li>7. Head of a government agency</li> <li>8. Judge</li> <li>9. Military officer with a rank of general or above</li> <li>10. Member of a legislature</li> </ol> |
|--|--|

Note: Close relative means spouse, civil union spouse or common-law partner, children/step/adoptive children, siblings/half siblings/step siblings of the applicant/policyholder/payor, biological/adoptive/step parent of the applicant/policyholder/payor, biological/adoptive/step parent of spouse, civil union spouse or common-law partner.

Applicant / policyholder / payor name (first, middle initial, last)	Name of person who holds/held the foreign position (first, middle initial, last)	Relationship to the applicant / policyholder / payor	Position held (indicate all applicable #'s from list)	Country where position held
	(PEFP)1			
	(PEFP)2			
	(PEFP)3			
	(PEFP)4			

**Politically exposed foreign person determination (PEFP) (continued)****Source of payment:**

Provide the source of payment for this application/contract/policy. (Select all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Salary or earned income         | <input type="checkbox"/> Gifted funds                 |
| <input type="checkbox"/> Personal savings or investments | <input type="checkbox"/> Sale of property or business |
| <input type="checkbox"/> Borrowed funds                  | <input type="checkbox"/> Other (give details below)   |
| <input type="checkbox"/> Inherited funds                 |   |
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**Applicant/policyholder/payor declaration:**

To the best of my knowledge, I declare that the answers and statements given to the questions are complete and true.

\_\_\_\_\_  
Applicant/policyholder/payor signature

\_\_\_\_\_  
Date (d/m/y)

**Advisor\*:**

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Date (d/m/y)

Advisor name: \_\_\_\_\_

MGA/Office (if applicable) \_\_\_\_\_ Advisor code \_\_\_\_\_