

Verification of Identity of Owner(s) Determination of Third Party Interests

Apply policy number sticker or
write in application number

FOR ADVISOR USE ONLY

I.0 Verification of Owner(s) All sections must be completed			
I.1 Owner 1		Owner 2	
Which document is the Advisor using to verify the identity of Owner 1? <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Driver's Licence (with photo and signature) <input type="radio"/> Provincial Health Card (Except in Manitoba, Ontario and PEI)		Which document is the Advisor using to verify the identity of Owner 2? <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Driver's Licence (with photo and signature) <input type="radio"/> Provincial Health Card (Except in Manitoba, Ontario and PEI)	
Place of issue		Place of issue	
Date of issue (dd/mmm/yy)	Date of expiry (dd/mmm/yy)	Date of issue (dd/mmm/yy)	Date of expiry (dd/mmm/yy)
Jurisdiction (i.e. Canada, Province, Territory)		Jurisdiction (i.e. Canada, Province, Territory)	
Document Number		Document Number	
Have you or any of your close relatives (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) ever held one of the following positions in a country other than Canada? a Government (head of state/government; member of executive council or legislature; leader/president of a political party represented in a legislature; deputy minister or equivalent; head of a government agency) b Other Official (military officer with a rank of general or above; judge; president or a state-owned company/bank; ambassador/attaché/counsellor of an ambassador) <input type="radio"/> Yes <input type="radio"/> No (If yes, provide details: _____)			
I.2 Corporation/Organization Owner Information (If Owner is a Corporation or Organization, complete this section)			
Full legal name of corporation or organization		Type of business	
Address (number and street name)		City	Province Postal Code
What is the nature of the company/organization? <input type="radio"/> Corporation <input type="radio"/> Charitable organization <input type="radio"/> Trust <input type="radio"/> Partnership <input type="radio"/> Club/Association <input type="radio"/> Other: _____			
Registration in (Province, Territory)	Incorporation/Trust Number	BN (Federal Business #)	NEQ (Quebec only)
Type of charter document (i.e. articles of incorporation, partnership agreement, articles of association, trust agreement)			Date of establishment (dd/mmm/yy)
I.3 Charitable organization information			
Is the charitable organization registered with the Canada Revenue Agency? <input type="radio"/> Yes <input type="radio"/> No		If yes, what is the Registration Number?	
If not registered, does the charitable organization solicit donations from the public? <input type="radio"/> Yes <input type="radio"/> No			



Verification of Identity of Owner(s)/ Determination of Third Party Interests (cont'd)

1.4 List all directors of Corporations, and all individuals who have at least 25% direct or indirect ownership or control of the Organization (corporation, partnership, trust)				
First name		Middle name		Last name
Address (number and street name)			City	Province
<input type="radio"/> Director <input type="radio"/> Corporate owner	<input type="radio"/> Controlling partner <input type="radio"/> Other: _____	Occupation		
First name		Middle name		Last name
Address (number and street name)			City	Province
<input type="radio"/> Director <input type="radio"/> Corporate owner	<input type="radio"/> Controlling partner <input type="radio"/> Other: _____	Occupation		
First name		Middle name		Last name
Address (number and street name)			City	Province
<input type="radio"/> Director <input type="radio"/> Corporate owner	<input type="radio"/> Controlling partner <input type="radio"/> Other: _____	Occupation		
First name		Middle name		Last name
Address (number and street name)			City	Province
<input type="radio"/> Director <input type="radio"/> Corporate owner	<input type="radio"/> Controlling partner <input type="radio"/> Other: _____	Occupation		
First name		Middle name		Last name
Address (number and street name)			City	Province
<input type="radio"/> Director <input type="radio"/> Corporate owner	<input type="radio"/> Controlling partner <input type="radio"/> Other: _____	Occupation		

2.0 Determination of Third Party Interests (Must answer 'Yes' or 'No' for all plans. If yes, complete entire section)				
To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, the Advisor must determine any third party interests. In making this application, is the Owner acting on behalf of a third party? (Your answer should be 'Yes' if someone other than the Life Insured or Owner is or will be paying the premiums, or has or will have an ownership interest in this policy.) <input type="radio"/> Yes <input type="radio"/> No				
First name		Middle name	Last name or exact name of corporation/organization	
Home Address (number and street name)		City	Province	Date of birth(dd/mmm/yy)
Occupation (if retired, indicate former occupation)		Type of business		Relationship to Owner
Jurisdiction of registration (i.e. Canada, Province, Territory)			Incorporation number	

3.0 Signature of Advisor who completed the supplement		
I have verified the identity of the Owner (s) and performed a determination of third-party interests as completed in this supplement		
Advisor Signature X	Name of Advisor (please print)	Date (dd/mmm/yy)

