

Identity verification, third party determination and politically exposed foreign persons (PEFP) form (Life insurance)



Application/contract no.	Applicant/owner name (first, middle initial, last)
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To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and for risk management purposes, the identity of clients must be verified and the existence and involvement of any third parties determined. As a result, this form must be completed.

If additional space is required, for any section of this form, please complete an additional copy of this form.

How many of these forms have been completed for this application/contract? #

1. Identity verification: Completion is mandatory

1.1 Individual, sole proprietor or signing officers of a corporation/partnership/not for profit entity/other non-corporate entity

Provide the information below if the applicant/owner is one of the above or if the individual is a signing officer. View an original passport, Canadian birth certificate, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. Record all the information, do not attach photocopies.

Name (first, middle initial, last)	DOB (d/m/y)	Type of document	Document no.	Country/province of issue
Applicant/owner/signing officer 1				
Detailed occupation/principal business		Residential address (street, city, province and postal code) of applicant/owner/signing officer		
Applicant/owner/signing officer 2				
Detailed occupation/principal business		Residential address (street, city, province and postal code) of applicant/owner/signing officer		
Applicant/owner/signing officer 3				
Detailed occupation/principal business		Residential address (street, city, province and postal code) of applicant/owner/signing officer		

1.2 Corporation (Section 1.1 must also be completed for signing officers.)

Provide the corporate information below if the applicant/owner is a corporation. A corporate search will be conducted to determine the corporation's existence. Please attach paper copies of all relevant corporate documents. For investments and wealth, also attach the Certificate of Incumbency (form E4207).

Corporate name	Detailed principal business		
Corporate registration no.	Date of incorporation (d/m/y)	Country/province of incorporation	

1.3 Directors of the board (Section 1.1 must also be completed for signing officers.)

Provide the corporate information below if the applicant/owner is a corporation. For not for profit corporations, complete section 1.7 in place of this section.

Name (first, middle initial, last)	Detailed occupation
Director 1	
Director 2	
Director 3	
Director 4	

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1.3 Directors of the board (continued)

If you are unable to obtain the required information for any director, please give details as to why below:

1.4 Partnership (Section 1.1 must also be completed for signing officers.)

Provide the partnership information below. Please attach paper copies of all relevant documents. For investments and wealth, also attach the Certificate of Incumbency (form E4207).

Name		Detailed principal business	
Registration no.	Country/province of issue	Type of record	

1.5 Not for profit (incorporated or unincorporated) (Section 1.1 must also be completed for signing officers.)

Provide the not for profit information below. Please attach paper copies of all relevant documents. For investments and wealth, also attach the Certificate of Incumbency (form E4207).

Name		Detailed principal business	
Solicit public contributions <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered with the Canada Revenue Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration no.	

1.6 Non-corporate entity (Section 1.1 must also be completed for signing officers.)

Provide the information below. Please attach paper copies of all relevant documents. For investments and wealth, also attach the Certificate of Incumbency (form E4207).

Name		Detailed principal business	
Check if entity type is: <input type="checkbox"/> Estate <input type="checkbox"/> Trust	Date entity established (d/m/y)	Document type	Country/province where established

1.7 Corporate owners/controlling partners/not for profit directors

Complete for: all persons who own or control directly or indirectly 25% or more of the corporation or partnership; all directors of a not for profit entity.

Name (first, middle initial, last)		<input type="checkbox"/> Corporate owner <input type="checkbox"/> Controlling partner <input type="checkbox"/> Not for profit director	
Detailed occupation	Residential address (street, city, province and postal code)		
Name (first, middle initial, last)		<input type="checkbox"/> Corporate owner <input type="checkbox"/> Controlling partner <input type="checkbox"/> Not for profit director	
Detailed occupation	Residential address (street, city, province and postal code)		
Name (first, middle initial, last)		<input type="checkbox"/> Corporate owner <input type="checkbox"/> Controlling partner <input type="checkbox"/> Not for profit director	
Detailed occupation	Residential address (street, city, province and postal code)		
Name (first, middle initial, last)		<input type="checkbox"/> Corporate owner <input type="checkbox"/> Controlling partner <input type="checkbox"/> Not for profit director	
Detailed occupation	Residential address (street, city, province and postal code)		

If unable to obtain the required information for any person above, please give details as to why below:

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2. Third party determination: Completion is mandatory

Is a third party involved with this contract, or will a third party pay for this contract or have the use of, or access to, the contract value?

YES NO

Types of a third party include but are not limited to:

- Payor • Executor • Attorney (Power of Attorney) or Mandatary • Collateral Assignee/Hypothecary Creditor or Trustee

Name	DOB (d/m/y)	Type of third party	Relationship to applicant/owner
Detailed occupation/principal business		Residential address (street, city, province and postal code of third party)	
If a corporation, registration no. and country/province of incorporation.			

Name	DOB (d/m/y)	Type of third party	Relationship to applicant/owner
Detailed occupation/principal business		Residential address (street, city, province and postal code of third party)	
If a corporation, registration no. and country/province of incorporation.			

If unable to obtain any required information for any third party, please give details as to why below:

3. Politically exposed foreign persons (PEFP): Completion is mandatory

If the applicant/owner is an individual, complete this section for all individually owned:

- universal life and permanent life insurance applications, and
- non-registered wealth products, excluding lottery annuities.

To the best of the applicant's/owner's knowledge, has the applicant/owner 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? YES NO

- | | |
|--|---|
| 1. member of the executive council of government | 6. head of state or head of government |
| 2. president of a state-owned company or a state-owned bank | 7. head of a government agency |
| 3. deputy minister or equivalent rank | 8. judge |
| 4. ambassador or attaché or counsellor of an ambassador | 9. military officer with a rank of general or above |
| 5. leader or president of a political party represented in a legislature | 10. member of a legislature |

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

Applicant/owner name (first, middle initial, last)	Name (first, middle initial, last)	Relationship to the applicant	Position held (indicate all applicable #s from list)	Country where position held
	(PEFP) 1			
	(PEFP) 2			
	(PEFP) 3			
	(PEFP) 4			

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4. Source of payment: Completion is mandatory

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> salary or earned income | <input type="checkbox"/> applicant/owner's savings | <input type="checkbox"/> business income | <input type="checkbox"/> existing investment account |
| <input type="checkbox"/> borrowed funds | <input type="checkbox"/> pension income | <input type="checkbox"/> gifted funds | <input type="checkbox"/> sale of property |
| <input type="checkbox"/> proceeds from death benefits or estate | <input type="checkbox"/> inherited funds | <input type="checkbox"/> social benefits | <input type="checkbox"/> existing internal policy |
| <input type="checkbox"/> other (give details below) | | | |

4.2 What is the intended use of the product applied for? Indicate only for mutual funds, guaranteed investment certificates (GIC) and linked deposit notes.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> savings | <input type="checkbox"/> cash reserves | <input type="checkbox"/> emergency fund | <input type="checkbox"/> vacation fund |
| <input type="checkbox"/> retirement savings | <input type="checkbox"/> educational purposes | <input type="checkbox"/> income | <input type="checkbox"/> other (give details below) |

5. Applicant/owner declaration: Completion is mandatory

I have read the Sun Life Financial Privacy Statement for Canada and hereby authorize Sun Life Assurance Company of Canada to obtain, use and transmit to its agents and service providers, personal information about me for the purpose of the administration of this policy or contract.

I declare that the answers and statements given to the questions are 'full, complete, true and face-to-face in the presence of the advisor'.

Applicant/owner signature (indicate title of signing officers, if applicable) X	Date (d/m/y)
Applicant/owner signature (indicate title of signing officers, if applicable) X	Date (d/m/y)
Applicant/owner signature (indicate title of signing officers, if applicable) X	Date (d/m/y)

6. Advisor Attestation: Completion is mandatory

I, the advisor, confirm that all of the identification details provided in this form match the original identification documents shown to me. I also confirm that I have reviewed the details provided in this form with the applicant/owner/signing officer and to the best of my knowledge these details are 'full, complete, true and face-to-face in the presence of the client.'

- If there is suspicion of an undisclosed third party, please email details to money.laundrying@sunlife.com

Advisor name	Advisor signature X	Advisor no./rep code	Date (d/m/y)
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Sun Life Financial Privacy Statement for Canada

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca or call 1 877 SUN LIFE/1-877-786-5433 and request that a copy of our Privacy Brochure be sent to you.