



INFORMATION REQUIRED UNDER THE PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT AND REGULATIONS (Non-registered Contract only)

APPLICATION NP

(FOR AGENT USE ONLY - DOES NOT FORM PART OF THE CONTRACT)

By law, the Company is required to collect and record the following information for a non-registered annuity or universal life insurance policy.

1- COMPLETE THIS SECTION (MANDATORY)

a) Information about the Applicant

This information must be collected and recorded for every Applicant. If there is more than one Applicant or Co-Applicant, this information must be collected from each one.

Name of Applicant: \_\_\_\_\_ Date of birth: [ Y | M | D ]

Address (not only a P.O. Box Number): \_\_\_\_\_

Principal occupation or business (must be specific): \_\_\_\_\_

b) Third Party Determination

Is the Applicant acting on behalf of a third party or does a third party (individual, corporation, or other entity) have the use of or access to the contract?

[ ] No [ ] Yes (If "yes," collect the following information about the third party.)

The third party is: [ ] an individual [ ] a corporation [ ] another type of entity (please specify): \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: [ Y | M | D ] Relationship to Applicant: \_\_\_\_\_

Address (not only a P.O. Box Number): \_\_\_\_\_

Principal occupation or business (must be specific): \_\_\_\_\_

If a corporation is the third party, provide:

Incorporation number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

[ ] I cannot determine if the Applicant is acting for a third party, but I have reasonable grounds to suspect there is another party involved in this transaction. My reasons are: \_\_\_\_\_

2- COMPLETE THIS SECTION FOR EACH INDIVIDUAL APPLICANT (See section 3 for corporate applicants, partnerships, trusts, etc.)

a) Verification of Identity

Refer to an original passport, driver's licence, or other government-issued identification:

Type of identification document: \_\_\_\_\_ Document number: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Expiry date: [ Y | M | D ]

b) Politically Exposed Foreign Persons (complete if there is a lump-sum payment of \$100,000 or more.)

i. Name of Payer if different than Applicant: \_\_\_\_\_

ii. Does the Applicant or Payer, or does a relative\* of the Applicant or Payer, hold, or have they ever held, any of the following senior positions in, or for, a country other than Canada:

- Head of state or head of government
• Member of the executive council of government or member of a legislature
• President of a state-owned company or state-owned bank
• Deputy Minister or equivalent
• Ambassador or attaché to ambassador
• Head of a government agency
• Military officer with rank of general or above
• Judge
• Leader of a political party represented in a legislature.

[ ] No [ ] Yes If "yes," provide name of country, position, when held, and where applicable, name of relative and relationship to Applicant or Payor:

\* A relative of the Applicant or Payer means: •Their spouse or common-law partner •Their mother or father •Their brother, sister, step-brother or step-sister •Their child •The mother or father of their spouse or common-law partner

iii. Source of funds:

If the answer to the above is "yes," then describe the source of funds used for this transaction:

[ ] Employment Income [ ] Business Income [ ] Investments [ ] Pension [ ] Loan [ ] Savings [ ] Inheritance

[ ] Other (please explain): \_\_\_\_\_

See next page

**3- COMPLETE THIS SECTION FOR CORPORATE APPLICANTS AND OTHER ENTITIES**

**a) Information about the Applicant**

Type of entity:  Corporation  Partnership  Trust  Not-for-profit organization  Other (please explain): \_\_\_\_\_

Name, address, and occupation of all persons who own or control, directly or indirectly, 25 per cent or more of the shares of the corporation or 25 per cent or more of the non-corporate entity. (If the agent is unable to obtain this information, state why the information could not be obtained.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the Applicant is a corporation, obtain the:**

Name and occupation of all directors. (If the agent is unable to obtain this information, state why the information could not be obtained.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the Applicant is a not-for-profit organization, answer the following:**

- Is the Applicant a charity registered with the Canada Revenue Agency?  Yes  No
- If "No," does the Applicant solicit charitable financial donations from the public?  Yes  No

**b) Verification of Identity**

You must confirm the existence of the corporation or other entity by reviewing a paper record or a public electronic document.

If you reviewed a paper record, please attach it (e.g. certificate of corporate status, partnership agreement).

If you reviewed an electronic record, provide:

Registration number: \_\_\_\_\_ Type of record: \_\_\_\_\_ Source of electronic record: \_\_\_\_\_

**c) Confirm the identity of the individual conducting the transaction on behalf of the corporation or non-corporate entity.**

Refer to an original passport, driver's licence, or other government-issued identification:

Name: \_\_\_\_\_ Date of birth: 

Y	M	D
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Address (not only a P.O. Box Number): \_\_\_\_\_

Type of identification document: \_\_\_\_\_ Document number: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Expiry date: 

Y	M	D
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**d) Attach a copy of the document authorizing this individual to conduct this transaction on behalf of this Applicant.**

**4- LIFE INSURANCE AGENT'S CONFIRMATION – THIS CONFIRMATION MUST BE SIGNED AND DATED BY THE AGENT.**

- As required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations, I confirm that I have verified the identity of the Applicant by reviewing the identification documentation and I have taken reasonable measures to determine if the Applicant is acting on behalf of a third party.
- In cases where there is a lump-sum payment of \$100,000 or more for an unregistered annuity or universal life insurance policy, I confirm that I have taken reasonable measures to determine if the Applicant/Payor is a politically exposed foreign person.

Agency: \_\_\_\_\_ Agency code: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Agent code: \_\_\_\_\_ S.U.: \_\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of agent

\_\_\_\_\_  
Date (YYYY-MM-DD)