

Verification of Identity and Third Party Determination

The objective of the Canadian legislation called the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (the Act) is to help detect and deter money laundering and the financing of terrorist activities. This includes implementation of client identification, record keeping, reporting and compliance regime requirements for life insurance companies, life insurance advisors and independent life insurance agents.

Application No. / Policy No. :

Instructions for completion

This form is to be completed at time of: A) submitting a new application for Income Annuity (Non-Registered); B) Guaranteed Investment Funds (Non-Registered) if it is non-individually owned or if there is a third party involved; C) making a request for change to an existing insurance policy; or D) In the event of a Death Claim.

A) New Application for Income Annuity (Non-Registered Funds)

- Advisor must complete and sign this form when the application is for Single Premium Immediate Annuities.
- **SECTION 1 and SECTION 4** must be completed for Individuals (e.g. Policy Owner, Third Party Payor).
- **All Sections** must be completed for non individuals (eg. Corporations, Partnerships, Trusts or Charities).
- The completed form must be submitted with the application, otherwise, the underwriting and policy issuance process may be delayed.

B) New Application for Guaranteed Investment Funds (GIF) (Non-Registered Funds)

- **All Sections** must be completed if the application is from a non-individual Policy Owner (e.g. Corporation, Partnerships, Trusts or Charities, Third Party Payor).
- **SECTION 1 and SECTION 4** must be completed if a third party is involved (e.g. a third party pays for the Contract or will have access to the value of the Contract).
- The completed signed form, must be submitted with the application, otherwise, the policy issuance process may be delayed.

C) Request for Change to an Existing Policy for Universal Life, Guaranteed Funds (GIF) (Non Registered Funds), Income Annuity (Non Registered Funds), BMO Whole Life Insurance with APO

- Advisor must complete and sign this form when making a request for changes to an existing policy, including:
 - Ownership change
 - Third Party Banking changes
 - Term conversion
- **SECTION 1 and SECTION 4** must be completed for Individuals (e.g. Policy Owner, Third Party Payor).
- **All Sections** must be completed for non individuals (eg. Corporations, Partnerships, Trusts or Charities, Third Party Payor).
- The completed form must be submitted with the policy change otherwise, the policy issuance process may be delayed.

D) Death Claim for Universal Life, BMO Whole Life Insurance with APO, Income Annuity (Non Registered) and Guaranteed Investment Funds (GIF) (Non Registered)

- **SECTION 1 and SECTION 4** must be completed for individual beneficiary(s)
- **All Sections** must be completed for non individual beneficiary(s) (Corporations, Partnerships, Trusts or Charities)
- The completed form must be submitted with the Death Claim documentation, otherwise the claim process may be delayed

Exemption Question

Is the applicant a public body, a public hospital, a widely held trust or a corporation that is traded on a Canadian stock exchange with net assets of at least \$75 million (this includes a subsidiary of any of these entities whose financial statements are consolidated with those of the parent entity)?

Yes No

If 'Yes' proceed to Section 4, Advisor Certification and Authorized Signatures.

If 'No' complete all Parts as required

SECTION 1 – VERIFICATION OF IDENTITY and Third Party Determination (Mandatory)

1.1 Third Party Determination: a "Third Party" is a person (Individual or company or organization) other than the Policy Owner of this contract that pays for the contract, have use of, or access to, the contract value. Example of a Third Party: Payor, Executor, Power of Attorney (not applicable on death claims).

Is the contract to be paid for by a third party or used on behalf of a third party? Yes No

If a Third Party has been determined, please complete form as outlined in Instructions for completion.

1.2 Individual(s), Sole Proprietors, Partners of a Partnership, Trustee of a trust, CEO and Signing Officer of a Corporation or Not for Profit Entity/Charity.

Acceptable Photo ID: original valid passport, driver's licence, Certificate of Canadian Citizenship, or a provincial or territorial identification card. The document must have been issued by a provincial, territorial or federal government and must be valid and cannot have expired.

First Name		Last Name			Date of Birth (dd/mmm/yyyy)	
Type of Identification	Identification Number		Expiry Date (mm/yyyy)	Province of Issue	Country of Issue	
Detailed Occupation/Principal Business		Residential Address		City	Province	Postal Code
Phone number	Are you a CEO or person who performs this function? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name		Last Name			Date of Birth (dd/mmm/yyyy)	
Type of Identification	Identification Number		Expiry Date (mm/yyyy)	Province of Issue	Country of Issue	
Detailed Occupation/Principal Business		Residential Address		City	Province	Postal Code
Phone number	Are you a CEO or person who performs this function? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name		Last Name			Date of Birth (dd/mmm/yyyy)	
Type of Identification	Identification Number		Expiry Date (mm/yyyy)	Province of Issue	Country of Issue	
Detailed Occupation/Principal Business		Residential Address		City	Province	Postal Code
Phone number	Are you a CEO or person who performs this function? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				

1.3 Corporation (Section 1.2 must also be completed for signing officers and/or CEO) Please attach Articles of Incorporation Certificate of Corporate Status, Articles of Association.

Corporate Name		Detailed Principal Business				
Trade Name(s) or Operating Name(s) if different than the legal name provided above						
Corporate Registration Number		Date of Incorporation (dd/mmm/yyyy)		Country of Incorporation		Province of Incorporation
Directors						
First Name		Last Name		Phone Number	Detailed Occupation	
First Name		Last Name		Phone Number	Detailed Occupation	
First Name		Last Name		Phone Number	Detailed Occupation	

1.4 Not for Profit / Charity (Section 1.2 must also be completed for signing officers) Please attach Articles of Incorporation.

Name		Detailed Principal Business				
Solicit Financial Donations from the Public <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this company/organization a registered charity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Canada Revenue Registration Number						

SECTION 1.5 – TRUST

Name of Trust	Address	Registration number
Trustee - Full Name	Address	Phone number
Settlor - Full Name	Address	Phone number
Beneficiary of Trust - Full Name	Address	Phone number

SECTION 2 – BENEFICIAL OWNERSHIP INFORMATION

Provide information requested for each individual and entity defined as follows.

Corporation, Entity other than a Corporation or trust (E.g. Partnership, association, not for profit entities)

Provide the names, addresses and the detailed occupation of all persons; and the names, addresses and the nature of the business of all entities who own or control, directly or indirectly, 25% or more of the shares of the corporation. For entity's owned partially or completely by another legal entity (resulting in indirect ownership by individuals) attach documentation that shows the ownership, control and structure of the corporation (attach a corporate structure chart that shows the entity's entire chain of ownership and family companies) Provide the names, phone numbers and the detailed occupation of all directors.

Please select **the entity type and complete the required sections below.**

If you require additional space, please supply all required information in a separate list attached to this form.

Corporation - Complete 2.1 and 2.2

Entity other than a Corporation or trust - Complete 2.1 and 2.2

Trust - Provide the names, phone numbers and addresses of all trustees and all known beneficiaries and settlors of the trust. **(Section 1.2 must also be completed for person signing on behalf of the trust) Please attach a deed to the trust.**

SECTION 2.1 – INDIVIDUAL SHAREHOLDERS

Complete this section if the Corporation/Entity owner identified in Section 1, 1.3 is owned whole or in part by an individual or individuals.

Is there 25% or more ownership/control of the Corporation/Entity? Yes No

If Yes, please indicate all individuals and complete the sections below.

If any Entities owns wholly or in part, also complete section 2.3.

If any Trusts owns wholly or in part, also complete section 2.4.

1.	First Name		Last Name		Detailed Occupation		
	Residential Address			City	Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control		What percentage do you own or control? _____ %				
2.	First Name		Last Name		Detailed Occupation		
	Residential Address			City	Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control		What percentage do you own or control? _____ %				
3.	First Name		Last Name		Detailed Occupation		
	Residential Address			City	Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control		What percentage do you own or control? _____ %				
4.	First Name		Last Name		Detailed Occupation		
	Residential Address			City	Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control		What percentage do you own or control? _____ %				

SECTION 2.2 – ENTITY OWNERSHIP

Complete this section if the Entity owner identified in Section 1, section 1.3 is owned whole or in part by another entity including trusts. For every additional individual ,entity and/or trust that owns or controls a portion of the Entity, please complete the Entity Ownership [form 864E](#).

Is there 25% or more ownership/control of the Corporation/Entity identified in section 1.3? Yes No
 If Yes, please indicate all entities and complete the sections below.

1	Name of controlling Corporation/Entity		Corporate Registration #		Date of Incorporation		
	Detailed nature of business (holding companies must indicate the nature of their principal holding)						
	Address		City		Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %					
	<input type="checkbox"/> Indirect Ownership or control						
Province/State of Incorporation		Country of Incorporation					

INDIVIDUAL SHAREHOLDERS

Ownership or control named in 2.2 must be accounted for.

1.	First Name		Last Name		Detailed Occupation		
	Residential Address		City		Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %					
<input type="checkbox"/> Indirect Ownership or control							
2.	First Name		Last Name		Detailed Occupation		
	Residential Address		City		Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %					
<input type="checkbox"/> Indirect Ownership or control							
3.	First Name		Last Name		Detailed Occupation		
	Residential Address		City		Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %					
<input type="checkbox"/> Indirect Ownership or control							
4.	First Name		Last Name		Detailed Occupation		
	Residential Address		City		Province/State	Country	Postal Code
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %					
<input type="checkbox"/> Indirect Ownership or control							

SECTION 2.3 – TRUST OWNERSHIP

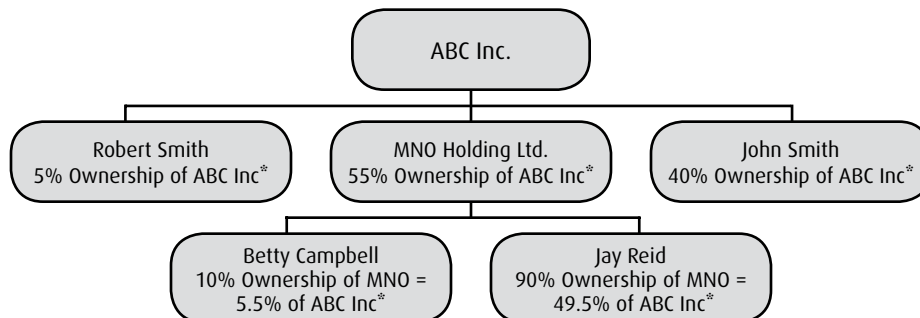
Complete this section if the Entity owner identified in section 1, 1.3 is owned whole or in part by a Trust.

For every additional Trust that owns or controls a portion of the Entity, please complete the Entity Ownership [form 864E](#).

Name of Trust		Address	Registration number
<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %		
<input type="checkbox"/> Indirect Ownership or control			
Trustee - Full Name		Address	
Settlor - Full Name		Address	
Beneficiary of Trust - Full Name		Address	
Name of Trust		Address	Registration number
<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control? _____ %		
<input type="checkbox"/> Indirect Ownership or control			
Trustee - Full Name		Address	
Settlor - Full Name		Address	
Beneficiary of Trust - Full Name		Address	

Example of Direct and Indirect Ownership – ABC Inc.

John Smith and Jay Reid are considered Beneficial Owners, while MNO Holding Ltd is the intermediary. Jay Reid is considered to be an indirect owner.



*Indicated owner role required to be set up

- 55% direct owner MNO Holding Ltd
- 40% direct owner John Smith
- 49.5% indirect owner Jay Reid

SECTION 3 – BUSINESS ACTIVITY

Mandatory for the applicants, policy owners , third party payors and beneficiaries that are Corporations, Not for Profit Entity, Trusts and Non Corporate Entities.

Does the Entity conduct any of the following business activities listed below Yes No.

If “Yes”, also complete [form 575E](#), Supplementary Business Activity Questionnaire

- Virtual Currency Exchanger, Network Facilitators, Administrators?
- Adult Entertainment Industry?
- Dealer in High Valued Goods (Art/Antiquities/Vintage Alcohol/Auction Houses)?
- Operate a Money Services Business (MSB) or Alternative Money Remittance System/Informal Transfer system?
- Operate a Cheque Cashing/Payday Lending business?
- Operator of White Label Banking Machine?
- Precious Metals and Stones: Cutters, Polishers, Refiners, Smelters, Intermediate Dealers/Brokers and Retailers?
- Gambling Service Providers: Casinos, Sports Betting Operator, Online Gambling and Entities conducting other types of licensed gambling (e.g. Bingo Halls, Raffles, Lotteries and establishments with Video Lottery)Terminals)?
- Sell Used Vehicles (used cars, boats, airplanes)?
- Operate as an Arms Manufacturer, Dealer or Intermediary?
- Operate a Telemarketing/Direct Marketing Company or a Company that primarily sells through a Telemarketing/Direct Marketing Company?
- Operate as a Pawnbroker?
- Operate as a Non Registered Charity/Charitable Organization, or other Not-for-profit Organization?
- Operate as Foreign Embassies, consulates, and other government bodies?
- Operate an account for any of the following formed outside of Canada or the USA – Trust, Private Investment Company, or Personal Holding Company?
- Operate a Shell Bank?
- Is in the Cannabis Industry (Federal/Provincial/International)?
- Operate as a Third Party Payment Processor?
- Alternative Money Remittance Systems/ Informal Value Transfer Systems (e.g. Hawala, Hundi, Chitti, Fei Ch ‘ien, Poey Kuan)?
- Operate as Crowdfunding Service Providers?
- Operate as Ransomware Intermediaries?

SECTION 4 – ADVISOR CERTIFICATION AND AUTHORIZED SIGNATURES (Mandatory)

I hereby certify that I have:

- (a) Verified the identity of the policy owner(s) , third party payors or beneficiaries by referring to the original valid documents referred to in SECTION 1 and that the information recorded was correctly copied from such document.
- (b) Used reasonable efforts to determine if the policy owner(s)/third party payor is/are acting on behalf of a third party.

Advisor’s Name (please print)		Advisor’s Code No.
Advisor’s Signature	X	Date (dd/mmm/yyyy)
MGA Name		MGA Code

Acknowledgement: Must be signed by an Authorized Signatory(ies) or Signing Officer.

The Entity hereby certifies that the Business has not issued Bearer Shares and will notify BMO Insurance if Bearer Shares are issued. The Entity also certifies the information provided is true and complete and that we may rely on such information until we receive a written notice of change from the Entity.

The Entity, if a Money Services Business, confirms that this policy will be used for operational purposes only and that it is compliant with applicable AML/TF/Sanctions regulations in their jurisdictions of operation.

***IMPORTANT NOTE:** To help expedite the process this form can be submitted without the signature of the Signatory/Signing Officer(s). Signatures must be provided at time of policy delivery and will be a settling requirement.

Resolved that:

A Corporation is applying for or changing ownership on one or more products. Any of the signing officers below is/are Authorized to sign on behalf of the corporation any document relating to the application or contract held with BMO Insurance. BMO Insurance can rely on this resolution until notice is received that this resolution has been rescinded or amended. BMO Insurance may rely upon the continuing effectiveness of this resolution and is entitled to act and rely upon instructions and any other actions of the Authorized Signing Officers without any further investigation by BMO Insurance into the propriety of such instructions.

The following Section must be completed.

Any of the following Authorized Signing Officers:	
Legal name (please print)	Legal name (please print)
Legal name (please print)	Legal name (please print)
Legal name (please print)	Legal name (please print)

Authorizing Signatures

The undersigned hereby certifies that

1. the foregoing is a true and correct copy of a resolution duly passed by the Corporation/Entity;
2. no action has been taken to rescind or amend the resolution and the resolution is in full force and effect as of the signing date of this certificate;
3. the signatures appearing beside the names of the Authorized Signing Officers set forth above are their true signatures; and
4. such Authorized Signing Officers are duly elected or appointed and qualified and that the Listing of Directors (if applicable) is complete to the date hereof;
5. the Corporate's articles, by-laws, resolutions, or other documents do not restrict the Corporation's authority to apply or maintain any product with BMO Insurance.

Signed at _____ this _____ day of _____, 20 _____

Full Name (please print)	Title	Date (dd/mmm/yyyy)	Signature
			X
			X
			X

