

Politically Exposed Persons Questionnaire

This form must be completed whenever a lump sum premium payment of \$100,000.00 or more is made in respect of a Universal Life insurance policy, a Non-Registered Annuity or a Guaranteed Investment Fund.

Policy Owner(s) Name: _____ Application No./Policy No.: _____

In this form,

Politically exposed persons include family members and their close associates.

(a) ***"politically exposed foreign persons"*** is a person who holds or has held one of the following offices or positions in or on behalf of a foreign state:

- a head of state or government,
- a member of the executive council of government or member of a legislature,
- a deputy minister or equivalent,
- an ambassador or attaché or counsellor of an ambassador,
- a military officer with a rank of general or above,
- a president of a state-owned company or bank,
- a head of a government agency,
- a judge, or
- a leader or president of a political party in a legislature,

(b) ***"politically exposed domestic person"*** is a person who holds or has held within the last 5 years a specific office or position in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government:

- Governor General, lieutenant governor or head of government
- member of the Senate or House of Commons or member of legislature
- deputy minister or equivalent rank
- ambassador, or attaché or counsellor of an ambassador
- military officer with a rank of general or above
- president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
- head of a government agency
- judge of an appellate court in a province, the Federal Court of appeal or the Supreme Court of Canada
- leader or president of a political party represented in a legislature or
- mayor*

* in line with legislation across Canada, municipal governments includes cities, towns, villages and rural (county) or metropolitan municipalities. As such, a mayor is the head of a city, town, village, or rural or metropolitan municipality.

(c) ***"the head of an international organization"*** the primary person who leads an international organization such as a president or CEO:

- the head of an international organization established by the governments of states; or
- the head of an institution established by an international organization

Policy Owner(s) Name: _____ Application No./Policy No.: _____

In respect of this application or policy, has the applicant/owner or any close relative (living or deceased), ever been, a politically exposed person?
 Yes No

If the answer to the above question is "Yes", then please complete all sections for each politically exposed person. If the answer to the above question is "No", then please complete section B and C.

Section A

First Name	Middle	Last Name
Relationship to Policy <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Other (please specify) _____		
Date of Birth (dd/mmm/yyyy)	Place of Birth (Prov. or State/country)	Residence of Canada for Canadian income tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (Street and number, Apt.)		No. of Years
City	Province	Postal Code
		Residence Tel.
The office(s) or position(s) in respect of which the individual is determined to be a <i>politically exposed person</i> :		
Office/Position	Jurisdiction	When held (dd/mmm/yyyy to dd/mmm/yyyy)
Office/Position	Jurisdiction	When held (dd/mmm/yyyy to dd/mmm/yyyy)

Section B

Source of Funds (select all that apply)

<input type="checkbox"/> Self-employment income	<input type="checkbox"/> Employment income	<input type="checkbox"/> Retirement Income/Pension Income	<input type="checkbox"/> Grants/Scholarships
<input type="checkbox"/> Insurance Claim Payments	<input type="checkbox"/> Corporate	<input type="checkbox"/> Investment Income/Savings	<input type="checkbox"/> Sale of Assets
<input type="checkbox"/> Trust/Inheritance	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Lottery Winnings
<input type="checkbox"/> Proceeds from a legal case or action	<input type="checkbox"/> Other	<input style="width:100%;" type="text"/>	

Section C

I/We, the undersigned, confirm that the statements and answers in this document are complete and true and correctly recorded, and agree that this document forms part of the above-noted application.

Signatures

Signed at _____ this _____ day of _____, 20 _____

Owner	<input style="width:90%;" type="text" value="X"/>	(If company-owned, 2 signatures and titles, or 1 signature and the corporate seal)
Owner	<input style="width:90%;" type="text" value="X"/>	
Payor	<input style="width:90%;" type="text" value="X"/>	
Advisor	<input style="width:90%;" type="text" value="X"/>	
Witness	<input style="width:90%;" type="text" value="X"/>	

If there is more than one politically exposed person associated with this application or policy, then please complete a Questionnaire for each.