

ENTITY VERIFICATION

The completed and signed information must be submitted with a new application for universal life insurance (Life Dimensions, Wealth Dimensions) and the BMO Insurance Whole Life Plan with Additional Payment Option (APO) elected otherwise, the underwriting and policy issuance process will be delayed.

Attaching to application number:

And the proposed owner(s)/third party payor is a

- ☐ Corporation,
- ☐ Trust,
- ☐ Charity, or
- ☐ Other entity

Instructions for completing this form

- 1. Answer the Exemption Question.
- 2. If the answer to the Exemption Question is 'Yes', the entity qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations. You are not required to complete Part 1.

You must complete

- Part 2 - Tax Residency Self-Certification for Entities,
 - Part 3 - Authorizations and Signatures,
 - Part 6 - Advisor Certification.
3. If the answer to the Exemption Question is 'No', you must complete:
- Part 1 - Verification of Identity, Beneficial Ownership, Politically Exposed Persons,
 - Part 2 - Tax Residency Self-Certification for entities,
 - Part 3 - Authorizations and Signatures,
 - Part 4 - Business Activity,
 - Part 5 - Supplementary Business Activity (if applicable),
 - Part 6 - Advisor Certification.

Exemption Question - Refer to, Additional Information, to review the complete exemption.

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 Part 2, Tax Residency Self-Certification for entities

If ‘No’ complete all Parts as required

Part 1 - Verification of Identity, Beneficial Ownership, Politically Exposed Persons

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.

SECTION 1 – VERIFICATION OF IDENTITY

1.1 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.									
Legal Name (first, middle initial, last)			Date of Birth (dd/mmm/yyyy)		Phone number		Are you a CEO or a person who performs that function? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Identification		Identification Number			Expiry Date (mm/yyyy)		Province of Issue		Country of Issue
Detailed Occupation/Principal Business		Residential Address (number and Street name)			City		Province		Postal Code
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									
Legal Name (first, middle initial, last)			Date of Birth (dd/mmm/yyyy)		Phone number		Are you a CEO or a person who performs that function? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Identification		Identification Number			Expiry Date (mm/yyyy)		Province of Issue		Country of Issue
Detailed Occupation/Principal Business		Residential Address (number and Street name)			City		Province		Postal Code
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									
1.2 Corporation/Entity information									
Full legal name of corporation or other entity				Type of business			Trade Name		
Address (number and Street name)				City		Province		Postal Code	
What is the nature of the corporation/entity? <input type="checkbox"/> Corporation <input type="checkbox"/> Charity (must complete 1.3) <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Club/Association <input type="checkbox"/> Other _____									
Registration in (province, territory)		Incorporation/Trust number		BN (Federal Business number)			NEQ (Quebec only)		
Type of charter document*							Date of establishment (dd/mmm/yyyy)		
*Must be submitted (i.e. articles of incorporation, partnership agreement, articles of association, trust agreement)									
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		
1.3 Charitable organization									
Is the charitable organization registered with the Canada Revenue Agency? <input type="checkbox"/> Yes (if “yes” please specify registration number) _____									
<input type="checkbox"/> No Does the charity solicit or accept charitable financial donations from the public? <input type="checkbox"/> Yes <input type="checkbox"/> No									

1.4 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.

Name of Trust	Address	Registration number
Trustee - Full Name	Address	Phone number
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Settlor - Full Name	Address	Phone number
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Beneficiary of Trust - Full Name	Address	Phone number
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		

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; 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 2.3

SECTION 2.1 – INDIVIDUAL SHAREHOLDERS

Complete this section if the Entity owner identified in Part 1, section 1.2 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 2.2.
If any Trusts owns wholly or in part, also complete section 2.3.

1.	First Name		Last Name		Date of Birth (dd/mmm/yyyy)		Social Insurance Number (SIN)			
	Residential Address		City		Province/State	Country		Postal Code		
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control?		Detailed Occupation						
	<input type="checkbox"/> Indirect Ownership or control	%								
2.	First Name		Last Name		Date of Birth (dd/mmm/yyyy)		Social Insurance Number (SIN)			
	Residential Address		City		Province/State	Country		Postal Code		
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control?		Detailed Occupation						
	<input type="checkbox"/> Indirect Ownership or control	%								
3.	First Name		Last Name		Date of Birth (dd/mmm/yyyy)		Social Insurance Number (SIN)			
	Residential Address		City		Province/State	Country		Postal Code		
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control?		Detailed Occupation						
	<input type="checkbox"/> Indirect Ownership or control	%								
4.	First Name		Last Name		Date of Birth (dd/mmm/yyyy)		Social Insurance Number (SIN)			
	Residential Address		City		Province/State	Country		Postal Code		
	<input type="checkbox"/> Direct Ownership or control	What percentage do you own or control?		Detailed Occupation						
	<input type="checkbox"/> Indirect Ownership or control	%								
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____										
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____										
Country _____										

SECTION 2.2 – ENTITY OWNERSHIP

Complete this section if the Entity owner identified in Part 1, section 1.2 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 1.2? ☐ 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.
Is there 25% or more ownership/control of the Corporation/Entity? ☐ Yes ☐ No
If Yes, please indicate all individuals and complete the sections below.

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

SECTION 2.3 – Trust Ownership

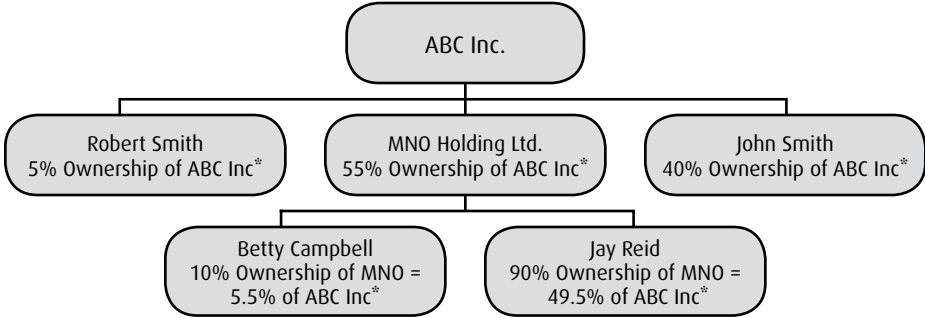
Complete this section if the Entity owner identified in section 1, 1.2 is owned whole or in part by a Trust.
For every additional Trust that owns or controls a portion of the Entity, please complete the Entity Ownership [form 864E](#).

Is there 25% or more ownership/control of the Corporation/Entity? ☐ Yes ☐ No
If Yes, please indicate all trusts and complete the sections below.

Name of Trust	Address	Registration number
Trustee - Full Name	Address	
What is the percentage of the ownership or control? %	<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control	
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____		
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Settlor - Full Name	Address	
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____		
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Beneficiary of Trust - Full Name	Address	
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____		
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Name of Trust	Address	Registration number
Trustee - Full Name	Address	
What is the percentage of the ownership or control? %	<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control	
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____		
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Settlor - Full Name	Address	
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____		
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		
Beneficiary of Trust - Full Name	Address	
Are you a resident or a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____		
Are you a resident of any other country other than Canada or the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No TIN (Taxpayer Identification No.) _____ Country _____		

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 Ltds
- 40% direct owner John Smith
- 49.5% indirect owner Jay Reid

SECTION 3 – POLITICALLY EXPOSED PERSONS QUESTIONNAIRE

If there is more than one politically exposed person associated with this application or policy, then please complete a Politically Exposed Persons Questionnaire [Form 420E](#) for each.

Section 3 must be completed whenever a deposit of \$100,000 or more is made.

Does a designated individual or any designated individual related by blood or marriage and listed below, hold or have ever held any of the following positions in a country other than Canada? ☐ Yes ☐ No

A designated individual means each of the following individuals (please check all that apply):

- A. ☐ the policy owner if the policy owner is an individual;
- B. ☐ the individual who signed the application, if the policy owner is a corporation, partnership, trust or other entity;
- C. ☐ the individual who signed the application, if the policy owner is a sole proprietorship or unincorporated association;
- D. ☐ the individual who signed the application, if an attorney/mandatary acting under a power of attorney/mandate signed the application; or
- E. ☐ the individual actually paying the premium (payor)

If “Yes” indicate position held below:

Position	A	B	C	D	E
Head of state, head of Government Agency or head of government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of the executive council of government or member of a legislature of a province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of the Senate or House of Commons or member of a legislature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leader or President of a political party in a legislature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Officer with a rank of General or Higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deputy minister (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambassador or attaché or counsellor of an ambassador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A president of a state-owned company or bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governor General, lieutenant governor or head of government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President of a corporation that is wholly owned directly by her Majesty in right of Canada or a province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayor*, or reeve or similar chief local officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The head of an international organization established by governments of states	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The head of an institution established by an international organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The head of an International Sports Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*A mayor is the head of a city, town, village, or rural or metropolitan municipality.

Was the position held by designated individual or their relative? ☐ Designated individual(s) ☐ Relative

If a relative, what is the persons name and relationship to the designated individual.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Legal Name (first,middle initial, last)	Relationship
In what country is/was the position held?	During what time period was the position held? Beginning (dd/mmm/yyyy) Ending (dd/mmm/yyyy)	

Part 2 - Tax Residency Self-Certification for Entities

The terms used in this section are defined by the Income Tax Act. For a definition of terms, visit cra-arc.gc.ca and search “enhanced financial account information reporting”.

Section 1 - Declaration of tax residence

Check the options that apply to the entity

☐ The entity resides in Canada. If you ticked this box, give the entity’s business number or trust account number in Canada.

Business number in Canada

Trust account number in Canada

☐ The entity is a Tax resident of the United States.

☐ The entity resides outside of North America. If you ticked this box, give the entity’s jurisdiction of tax residence and taxpayer identification number (TIN).

If the entity does not have a taxpayer identification number (TIN), give the reason using one of these choices:

Reason 1: The entity will apply or has applied for a TIN but has not yet received it

Reason 2: The entity’s jurisdiction of tax residence does not issue TINs to its residents

Other reason, please specify:

Jurisdiction of tax residence	Taxpayer identification number	If the entity does not have a TIN, choose reason 1 or 2 or enter another reason.

Section 2 - Entity classification

Check the appropriate boxes

Section 2.1 - Is the entity a financial institution?

☐ Yes- Give the entity’s global intermediary identification number (GIIN)

☐ No - Proceed to Section 2.3

If the entity does not have a GIIN, give the reason why

Section 2.2 - Does the financial institution meet all of these criteria?

It is a resident of a non-participating jurisdiction (for a list of participating jurisdictions, visit www.cra.gc.ca);

At least 50% of its gross income is from investing or trading in financial assets.

It is managed by another financial institution.

☐ Yes- Proceed to Part 3

☐ No - Proceed to Section 2.3

Section 2.3 - Is the entity a specified United States person?

☐ Yes

☐ No

Section 2.4 - Is the entity a strata/condominium corporation that meets certain conditions?

☐ No -Go to Section 2.5

☐ Yes-Go to Section 2.5

Section 2.5 - Check the option that best describes the entity:

☐ The entity is engaged in an active trade or business—less than 50% of its gross income is passive income and less than 50% of its assets produce passive income. If this is the case, proceed to Part 3.

☐ The entity is a corporation with shares that regularly trade on an established securities market. If this is the case, proceed to Part 3.

☐ The entity is a government, a central bank or an international organization (or an agency of one). If this is the case, proceed to Part 3.

☐ The entity is an active non-financial entity other than one described in the three previous options (see the definition of active non-financial entity). If this is the case, proceed to Part 3.

☐ The entity is a passive non-financial entity. Proceed to Part 3.

9 of 13

715E (2024/06/01)

Part 3 - Authorizations and Signatures

- I certify that the information provided on this form is correct and complete and I acknowledge that information contained in this form and information regarding my policy(s) at BMO Life Assurance Company (BMO Insurance) may be reported to the Canada Revenue Agency.
- I also acknowledge that I will advise BMO Life Assurance Company (BMO Insurance) of any change in circumstances that may cause the information contained on this form to become incorrect and to provide an updated Self Certification Form.
- I certify that I have the authority to bind the Corporation/Entity
- The Entity hereby certifies that the Business has not issued Bearer Shares and will notify BMO Insurance if Bearer Shares are issued
- 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 underwriting 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

Part 4 - Business Activity

Mandatory for the applicants 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”, complete part 5, 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?
- 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?
- 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?

Part 5 - Supplementary Business Activity Questionnaire

Based on the information that has already been provided to us, BMO Life Assurance Company, is obligated to have a better understanding of activities undertaken by certain categories of business such as those engaged in cash intensive activities.

Complete all applicable questions, certify and return to our office.

If applicable, provide the Entity’s FINTRAC Registration Number _____

Section 1 – Complete when the Entity is a Corporation, Unincorporated Entity, Non-registered charity or other Not-for-profit organization.

1. What country is the legal formation of the Business? _____
2. Where did the business begin operations? _____ Date (dd/mmm/yyyy) _____
3. If it has been indicated that the business (parent or subsidiaries) will be or is physically located in a country other than Canada or the U.S. please provide the key locations for each country.

Company Name		Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business		
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Number of Employees

Company Name		Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business		
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Number of Employees

Company Name		Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business		
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Number of Employees

4. Does the Business (parent or subsidiaries) import/export goods and/or services to/from a country outside of Canada or the U.S.? ☐ Yes ☐ No

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees

5. Are there any other business names (trade and legal) other than the one that was provided? ☐ Yes ☐ No If 'Yes', please provide details.

Name(s)	Address (street, city, country)

6. Does the Business (parent or subsidiaries) have any dealings with a government of a Foreign State?
A "Foreign State" means a province, state, or other political subdivision of a state other than Canada, or any dependency, possession, protectorate, or any territory falling under a jurisdiction of a state other than Canada (e.g. the United States of America, The State of New York, and the U.S. Virgin Islands, are each Foreign States).
☐ Yes ☐ No If 'Yes', please provide details.

Name of Government Body or Official	Nature of Business Dealings	Country

7. How many people does the Business employ?

Country	Number of Employees

8. Are any of the following services provided by the Business? Not applicable ☐

Service	%	Service	%
Payday Lending		Fund Remittances	
Cheque Cashing		Foreign Exchange	
Act as an Agent of a Money Service Business		Selling pre-paid Debit Cards	
Issue/Redeem Drafts, Money Orders or Travellers Cheques		Virtual Currency Exchange	

9. Is the Business dealing with parties outside of Canada? ☐ Yes ☐ No If 'Yes', indicate the types of parties.

Country	Government Department or State Owned Company	Financial Institution	Individuals	Other (Please specify)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 – Complete this section when the Entity is a Non-registered charity, Crowdfunding Service Providers or other Not-for-profit Organization, please answer the following questions:

1. What is the primary use of the donations received? Indicate the specific group(s)/organization(s) or individual(s) that is/are the beneficiary(ies) of the donations.

2. Does the Charity receive donations from individuals/groups outside of Canada? ☐ Yes ☐ No

If 'Yes', please list all countries donations that are received from and provide details on percentage of total donations.

Country	%

Part 6 – Advisor Certification

The foregoing answers are correct to the best of my knowledge. By signing here I confirm that:

- a) I have obtained the information from the proposed Policy Owner(s)/third party payor.
- b) I have, where applicable, verified the identity of the proposed Policy Owner(s)/third party payor by referring to the original valid documents referred to in Part 1, Section 1 and that the information recorded was correctly copied from such statement.

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

Additional Information

In order to be exempt from completing Part 1, an entity must meet the following criteria as stated in Sections 62(2)(m) and (n) of the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations

- (m) The entity must be a public body, or a corporation that has minimum net assets of \$75 million on its last audited balance sheet and whose shares are traded on a Canadian stock exchange designated under subsection 262(1) of the Income Tax Act (Canada) and operates in a country that is a member of the Financial Action Task force; or
- (n) The entity is a subsidiary of a public body or a corporation referred to in paragraph (m) and the financial statements of the entity are consolidated with the financial statements of that public body or corporation;

From Section 1(2) of the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations, “public body” means:

- (a) any department or agent of Her Majesty in right of Canada or of a province;
- (b) an incorporated city, town, village, metropolitan authority, township, district, county, rural municipality or other incorporated municipal body or an agent of any of them; and
- (c) an organization that operates a public hospital and that is designated by the Minister of National Revenue as a hospital authority under the Excise Tax Act, or any agent of such an organization.

The following documents are attached to this form:

- ☐ Articles of Incorporation
- ☐ Partnership Agreement
- ☐ Formal Trust Agreement
- ☐ Other _____