

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 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 | 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 | 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 | | Detailed Occupation | |
| First Name | | Last Name | | Detailed Occupation | |
| First Name | | Last Name | | 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 | | | | | |

SECTION 2 – BENEFICIAL OWNERSHIP INFORMATION

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

| |
|---|
| <p>Trust - Provide the names and addresses of all trustees and all known beneficiaries and settlors of the trust.</p> |
| <p>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 of all directors of the corporation and their detailed occupation.</p> |

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.

- Trust - Complete 2.1
- Corporation - Complete 2.2 and 2.3
- Entity other than a Corporation or trust - Complete 2.2 and 2.3

SECTION 2.1 – TRUST

| | | |
|--|--|--|
| Name of Trust | Address | Registration number |
| Trustee - 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 _____ |
| 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 _____ |

SECTION 2.2 – 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. 100% of ownership or control 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.

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 | Date of Birth (dd/mmm/yyyy) | Social Insurance Number (SIN) - - |
| Residential Address | | City | Province/State | Country |
| <input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control | | What percentage do you own or control? % | Detailed Occupation | |
| 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 _____ | | | | |
| 2. | First Name | Last Name | Date of Birth (dd/mmm/yyyy) | Social Insurance Number (SIN) - - |
| Residential Address | | City | Province/State | Country |
| <input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control | | What percentage do you own or control? % | Detailed Occupation | |
| 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 _____ | | | | |
| 3. | First Name | Last Name | Date of Birth (dd/mmm/yyyy) | Social Insurance Number (SIN) - - |
| Residential Address | | City | Province/State | Country |
| <input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control | | What percentage do you own or control? % | Detailed Occupation | |
| 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 _____ | | | | |
| 4. | First Name | Last Name | Date of Birth (dd/mmm/yyyy) | Social Insurance Number (SIN) - - |
| Residential Address | | City | Province/State | Country |
| <input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control | | What percentage do you own or control? % | Detailed Occupation | |
| 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 2.3 – 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. 100% of entity ownership of the entity must be captured.

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 – 100% of ownership or control named in 2.3 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 2.4 – Trust Ownership

Complete this section if the Entity owner identified in section 1, 1.2 is owned whole or in part by a Trust.

100% of trust ownership of the entity must be captured

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

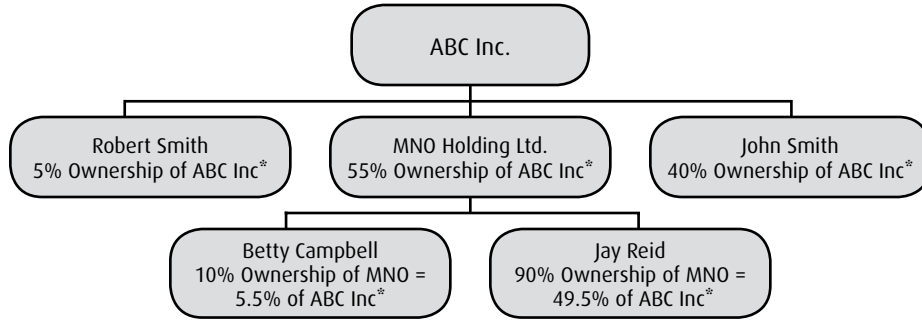
Is there 25% or more ownership/control of the Corporation/Entity? Yes No

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 Ltd
- 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 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"/> |
| 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 General (or higher rank) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Head of a government agency | <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 resides outside of North America. If you ticked this box, give the entity's jurisdiction of tax residence and taxpayer identification number (TIN).

The entity is a tax resident of the United States.

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 A or B or enter another reason. |
|-------------------------------|--------------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

None of the above. Proceed to Part 3.

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.

In order to bind the Corporation/Entity, BMO Life Assurance Company documents must be signed by (please select appropriate option)

any one of the Directors or controlling owner/partners named above

any two of the Directors or controlling owner/partners named above

Other (please describe) _____

Signatures

Signed at _____ this _____ day of _____, 20_____

Policy Owner

| |
|---|
| X (I have the authority to bind the company) |
|---|

Policy Owner

| |
|---|
| X (I have the authority to bind the company) |
|---|

Payor

| |
|---|
| X (I have the authority to bind the company) |
|---|

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, Users, Network Facilitators, Administrators?
- Adult Entertainment Industry?
- Dealer in High Valued Goods (Art/Antiquities/Vintage Alcohol/Auction Houses)?
- Is an Unregulated Businesses involved in Lending, Leasing and Financing?
- Operate a Money Services Business?
- Operate a Cheque Cashing/Payday Lending business?
- Operate, lease or maintain more than one 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?
- 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 an account for a Foreign Government?
- 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)

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 | | | |

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 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 _____