

## VERIFICATION OF IDENTITY

**For completion if the owner or third party payor is a corporation, trust, charity or other entity. The completed and signed information must be submitted with the application, otherwise, the underwriting and policy issuance process will be delayed.**

**This forms part of a new application for:**

Universal life insurance **(Mandatory completion of Part 1 through Part 6 inclusively and Part 7 if applicable)**

Is the applicant/owner 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  
 Refer to Part 5, Additional Information, to review the complete exemption text.

If yes, the owner/entity qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations. **Complete Part 1, SECTION 2, Part 3, Part 4, Part 6 and Part 7 (if applicable).**

If no, **complete all Parts.**

Traditional Whole Life insurance **(Mandatory completion of Part 1, Part 3 and Part 4)**

Attaching to application number:

### Part 1 – Policy Owner Identification

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

<b>1.1 Individual(s), Sole Proprietors, Partners of a Partnership, Trustee of a trust and Signing Officer of a Corporation or Not for Profit Entity/Charity</b>				
Select one appropriate form of valid government issued identification to verify the identity of the owner. Photo ID - e.g., Passport, Driver's Licence, Provincial Health Card (except in MB, ON and PEI).				
Legal Name (first, middle initial, last)				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 (number and Street name)	City	Province	Postal Code
Are you an intermediary or "gatekeeper" such as a professional that holds accounts for clients where the identity of the underlying client is not disclosed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Legal Name (first, middle initial, last)				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 (number and Street name)	City	Province	Postal Code
Are you an intermediary or "gatekeeper" such as a professional that holds accounts for clients where the identity of the underlying client is not disclosed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>1.2 Corporation/Entity information</b>				
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)	
<b>*Must be submitted (i.e. articles of incorporation, partnership agreement, articles of association, trust agreement)</b>				

### 1.3 Charitable organization

Is the charitable organization registered with the Canada Revenue Agency?

Yes (if "yes" please specify registration number) \_\_\_\_\_

No Does the charitable organization solicit donations from the public?  Yes  No

### SECTION 2 – INTERNATIONAL TAX ENTITY IDENTIFICATION AND OWNERSHIP INFORMATION

The terms used in this section are defined by the Income Tax Act. For a definition of terms, visit [cra-arc.gc.ca](http://cra-arc.gc.ca) and search "enhanced financial account information reporting".

#### 2.1 For tax reporting purposes, what is the FATCA classification of this entity? Select one of the following:

I) Specified U.S. Entity

Is the Entity incorporated or organized in Canada?  Yes  No

If YES, please proceed to Section II). If NO, indicate if you are a Specified U.S. Entity OR Other U.S. Entity.

Specified U.S. Entity (entity organized or incorporated in the U.S., other than those listed under "Other U.S. Entity below").

Please provide your TIN (U.S. Tax Identification Number) \_\_\_\_\_

Other U.S. Entity (entity that is not a Specified US Entity and includes publically traded U.S. Corporation; U.S. Government; U.S. Tax-Exempt Organizations)

II) Foreign (non U.S.) Financial Institution (FFI)

Is the Entity a Financial Institution (FI)?  Yes  No

If NO, please proceed to Section III. If YES, please indicate the type of FI below.

A Financial Institution with a valid Global Intermediary Identification Number (GIIN).

Please provide GIIN: \_\_\_\_\_

A Non-Participating Financial Institution (NPFI)

Other (e.g. certified deemed or registered deemed compliant financial institution, non-reporting financial institution)

Please specify type: \_\_\_\_\_

III) Non-Financial Foreign (non U.S.) entity (NFFE)

Is the Entity an Active NFFE?  Yes  No

Active NFFE includes:

a) Active Trade or Business – more than 50% of gross income is generated from active trade or business AND more than 50% of assets were used to produce the income

b) Registered Charity OR a club, association or arrangement in Canada operated Exclusively for cultural, athletic or educational purposes

c) corporations with shares that regularly trade on an established securities market or

d) a government or international organization

Is the Entity a Passive NFFE?  Yes  No

Passive NFFE (an Entity that is neither a Financial Institution nor an Active NFFE)

Does the Entity have an U.S. Controlling Persons?  Yes  No

#### 2.2 Entity Ownership information

**Provide information requested for each individual and entity defined as follows. If the Owner is**

- **a corporation** - provide the names of all directors of the corporation and the names and addresses of all persons and/or entities who own or control, directly or indirectly, 25% or more of the shares of the corporation
  - provide confirmation of the entity's organization structure (attach organization chart if available); or
- **a trust** - provide the names and addresses of all trustees and all known beneficiaries and settlors of the trust; or
- **an entity other than a corporation or trust** - provide the names and addresses of all persons who own or control, directly or indirectly, 25% or more of the entity.

Name (first, middle initial, last)	Occupation
------------------------------------	------------

Business Name	Nature of Business	% Ownership or control
---------------	--------------------	------------------------

Address (number and Street name)	City	Province	Postal Code
----------------------------------	------	----------	-------------

Director  Controlling owner/partner  Trust beneficiary  Trust settlor  Trustee  Other: \_\_\_\_\_

Are you a resident or a Citizen of the United States?  Yes  No TIN \_\_\_\_\_

Are you a resident or a Citizen of any other country other than Canada or the U.S.?  Yes  No TIN \_\_\_\_\_

County \_\_\_\_\_

Name (first, middle initial, last)		Occupation	
Business Name	Nature of Business		% Ownership or control
Address (number and Street name)		City	Province Postal Code
<input type="checkbox"/> Director <input type="checkbox"/> Controlling owner/partner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Trust settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____			
Are you a resident or a Citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	TIN _____
Are you a resident or a Citizen of any other country other than Canada or the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	TIN _____ County _____

Name (first, middle initial, last)		Occupation	
Business Name	Nature of Business		% Ownership or control
Address (number and Street name)		City	Province Postal Code
<input type="checkbox"/> Director <input type="checkbox"/> Controlling owner/partner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Trust settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____			
Are you a resident or a Citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	TIN _____
Are you a resident or a Citizen of any other country other than Canada or the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	TIN _____ County _____

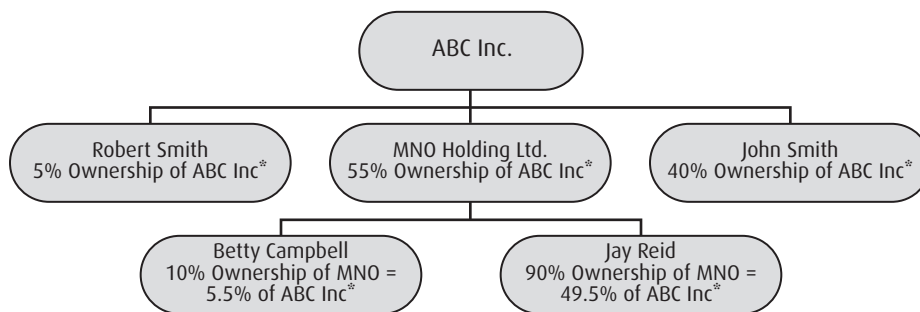
Name (first, middle initial, last)		Occupation	
Business Name	Nature of Business		% Ownership or control
Address (number and Street name)		City	Province Postal Code
<input type="checkbox"/> Director <input type="checkbox"/> Controlling owner/partner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Trust settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____			
Are you a resident or a Citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	TIN _____
Are you a resident or a Citizen of any other country other than Canada or the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	TIN _____ County _____

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

any one of the person(s) named above   
 any two of the person(s) named above   
 \_\_\_\_\_

**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 Lts
- 40% direct owner John Smith
- 49.5% indirect owner Jay Reid

## Part 2 – Politically Exposed Foreign Persons Questionnaire

If there is more than one *politically exposed foreign person* associated with this application or policy, then please complete a Politically Exposed Foreign Persons Questionnaire 420 for each.

**Part 2 must be completed whenever a deposit of \$100,000 or more is made in respect of a universal life insurance policy, or a traditional whole life insurance policy.**

### Source of deposit (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 type="text"/>                                      |  |

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	<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 ambassador's attaché or counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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

**\*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.

#### Signatures

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Policy Owner 

<b>X</b> (I have the authority to bind the company)
--

Policy Owner 

<b>X</b> (I have the authority to bind the company)
--

Payor 

<b>X</b> (I have the authority to bind the company)
--

### Part 4 – Advisor Authorization (Mandatory)

I hereby certify that I have:

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

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

### Part 5 – Additional Information

In order to be exempt from completing Parts 1, 2 and 3, 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 \_\_\_\_\_

## Part 6 – Business Activity

### Mandatory for the applicants that are Corporations, Not for Profit Entity, Trusts and other Non Corporate Entities

	Yes	No
1. Are there any existing policies with BMO Life Assurance Company (BMO Insurance)? <i>If 'Yes', please provide policy numbers: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a completed copy of a current Business Activity Questionnaire on file and has it been reviewed? <i>If 'Yes' complete question #3. If 'No' complete questions #4 and #5</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the nature of the business activity changed since the last Business Activity Questionnaire was filed? <i>If 'Yes' complete questions #4 and #5</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>If the answer to any of these questions in #4 and/or #5 is "Yes", then ensure that Part 7, Supplementary Business Activity Questionnaire is completed.</i></b>		
4. Does the Entity have or intend to have any business operations outside of Canada or the USA?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Entity conduct any of the following activities?		
a. Operate a Money Services Business? A Money Services Business is a business engaged in any of the following types of activities: Foreign Exchange, Fund Remittances, Issuing or Redeeming Drafts, Money Orders or Travellers Cheques.	<input type="checkbox"/>	<input type="checkbox"/>
b. Operate a Cheque Cashing/Payday Lending business? Cheque Cashing/Payday Lending is a business where at least 50% or more of the business activities consist of either providing unsecured loans to individuals and/or entities on a short term basis (30 days or less) to meet their immediate cash needs or a business that cashes cheques payable to named individuals or entities.	<input type="checkbox"/>	<input type="checkbox"/>
c. Operate, lease or maintain more than one White Label Banking Machine? White Label Banking Machines are ATMs that are not associated with any major financial institution, such as those found in many bars/restaurants and convenience stores.	<input type="checkbox"/>	<input type="checkbox"/>
d. Buy or Sell precious metals, gems, or fine jewellery (domestically or internationally), including purchases for inventory purposes, where any single purchase equals or exceeds C\$10,000? Precious metals include gold, silver, platinum or palladium. Precious gems include diamonds, sapphires, emeralds, tanzanite, rubies or alexandrite. Fine jewellery means objects made of precious metals, precious stones or pearls. Note: This does not include large multi-department retail stores offering a wide range of consumer personal and residential products.	<input type="checkbox"/>	<input type="checkbox"/>
e. Operate a Casino or Bingo business? A Casino is a business that is authorized to conduct roulette or card games in its establishment or where there is a slot machine on the premises. It does not include Video Lottery Terminals (VLT) or stores/kiosks that sell Provincial/Federal lottery tickets or registered charities that conduct fund raising activities in a casino for a period of two consecutive days or less under the supervision of the casino.	<input type="checkbox"/>	<input type="checkbox"/>
f. Sell Used Cars, Boats or Airplanes? A Used Car, Boat or Airplane business is a business whose primary business operation is comprised of selling used cars, boats or airplanes. This does not include businesses that sell used vehicles as a secondary business activity, for example, where used cars are sold in addition to the primary business of selling new vehicles on behalf of a major automobile manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>
g. Operate as an Arms Manufacturer, Dealer or Intermediary? An Arms Manufacturer, Dealer or Intermediary is any business whose primary activity is to manufacture, buy, sell or act as an intermediary for dealing in Arms. While Arms primarily means firearms, including rifles, shotguns, handguns or anything that can be adapted to be used as a firearm, it also includes other military related weaponry including explosives, missiles, or missile related systems.	<input type="checkbox"/>	<input type="checkbox"/>
h. Operate a Telemarketing/Direct Marketing Company or a Company that primarily sells through a Telemarketing/Direct Marketing Company? Any company whose primary business involves selling products or services through any non-face-to face method (e.g. telephone, email), and that will be processing the payments through their account. It does not include businesses who only conduct marketing, promotional or advertising activity where there is no direct selling or processing of payments taking place.	<input type="checkbox"/>	<input type="checkbox"/>
i. Operate as a Pawnbroker? Any business that is engaged in lending money to an individual for an agreed period of time and holds some of the borrower's personal goods as collateral to be sold to the public in the event of a default. It also includes any business that purchases articles from an individual and gives the same individual the option to buy back the article within a specified period of time. If not bought back within the agreed period of time, the article will be sold to the public.	<input type="checkbox"/>	<input type="checkbox"/>
j. Operate as a Non Registered Charity/Charitable Organization, or other Not-for-profit Organization? Any private body that operates either as a Charitable or Not-for-profit Organization that is not registered under the Canada Revenue Agency (CRA) but solicits or accepts donations. Does not include community/school sports or activity clubs, nationally recognized service clubs, trade union/associations, or professional associations, who fundraise, solicit or accept donations to support their own local activities.	<input type="checkbox"/>	<input type="checkbox"/>
k. Operate an account for a Foreign Government? Country _____ An account opened for or on behalf of a Foreign Government. This includes any departments, divisions, agencies, embassies, consulates and diplomatic missions representing Foreign Governments.	<input type="checkbox"/>	<input type="checkbox"/>
l. Operate an account for any of the following formed outside of Canada or the USA – Trust, Private Investment Company, or Personal Holding Company? Country _____ A Trust, Private Investment Company (PIC) or Personal Holding Company formed outside of Canada or the USA is any legal arrangement or entity created for holding personal assets, formed in certain jurisdictions outside of Canada or the USA.	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

- m. Operate a Shell Bank?  Yes  No  
 A shell bank is a financial institution in a foreign jurisdiction (relative to the Operating Group) that does not have a physical presence or place of business in any country and is not a Regulated Financial Institution nor controlled by a Regulated Financial Institution that maintains a physical presence in a country.
- n. Operate an Internet Gambling Business?  Yes  No  
 An Internet Gambling Business is a person or entity engaged in the business of providing internet games of chance (including, without limitation on, on-line card games, roulette, slots or similar on-line casino-type gaming) for profit.
- o. Is a Medical Marijuana Licensed Producer?  Yes  No  
 A Medical Marijuana Licensed Producer (including those holding specific licenses that include possession, sale/provision and production capability) under the Marijuana for Medical Purposes Regulations ("MMPR") in Canada.
- p. Create or Operate as an exchange/exchanger of Bitcoin or other Crypto/Virtual currencies?  Yes  No  
 Forms of currency which exist only in digital form (general in an encrypted format) and which are not issued or backed by any country's central bank or deemed to be legal tender by the laws of any country. A leading example (but not the only example) is Bitcoin.

## Part 7 – Supplementary Business Activity Questionnaire

Based on the information that has already been provided to us, BMO Life Assurance, 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. If the response to question #3 and/or #4 is a targeted country, does the Business Operations (parent or subsidiaries) with this country comprise of more than 10% of gross revenue or total assets?  Yes  No If 'Yes', client should not be on boarded.

6. 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)

7. 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

8. How many people does the Business employ?

Country	Number of Employees

9. 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			

10. If it has been indicated that the Business (parent or subsidiary) is a Money Services Business. Does it provide services to an internet gambling company or site?  Yes  No If 'Yes', client should not be on boarded.



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

County	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:**

- Does the Charity solicit or accept charitable financial donations from the public?  Yes  No
- 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.


- 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	%

**Section 3 – Advisor Certification**

I certify that I have obtained the information above from my Policy Owner(s).

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