

## POLITICALLY EXPOSED PERSONS QUESTIONNAIRE

### NEW AND IN-FORCE BUSINESS REQUIREMENTS

*This form must be completed:*

- (a) when a lump sum premium payment of \$100,000.00 or more is made in respect of a Universal Life insurance policy, a Non-Registered Annuity, BMO Whole Life with APO option or a Non-Registered Guaranteed Investment Fund.
- (b) by a beneficiary when a claim amount of \$100,000 or more is made to a beneficiary in respect of a Universal Life insurance policy, a Non-Registered Annuity, BMO Whole Life with APO option or a Non-Registered Guaranteed Investment Fund.

Policy Owner(s) or Beneficiary Name: \_\_\_\_\_

Application No./Policy No.: \_\_\_\_\_

In this form,

Politically exposed persons include family members and their close associates.

- (a) ***“politically exposed foreign persons”*** is a person who holds or has held one of the following offices or positions in or on behalf of a foreign state:
  - a head of state or government
  - a member of the executive council of government or member of a legislature of a province
  - a deputy minister or equivalent,
  - an ambassador or attaché or counsellor of an ambassador
  - a military officer with a rank of general or above
  - a president of a state-owned company or bank
  - a head of a government agency
  - a judge, or
  - a leader or president of a political party in a legislature
- (b) ***“politically exposed domestic person”*** is a person who holds or has held within the last 5 years a specific office or position in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government:
  - Governor General, lieutenant governor or head of government
  - member of the Senate or House of Commons or member of legislature
  - deputy minister or equivalent rank
  - ambassador, or attaché or counsellor of an ambassador
  - military officer with a rank of general or above
  - president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
  - head of a government agency
  - judge of an appellate court in a province, the Federal Court of appeal or the Supreme Court of Canada
  - leader or president of a political party represented in a legislature or
  - mayor\* or reeve or similar chief local officer

\* in line with legislation across Canada, municipal governments includes cities, towns, villages and rural (county) or metropolitan municipalities. As such, a mayor is the head of a city, town, village, or rural or metropolitan municipality.
- (c) ***“the head of an international organization”*** the primary person who leads an international organization such as a president or CEO:
  - the head of an international organization established by the governments of states; or
  - the head of an institution established by an international organization
  - the head of an International Sports Organization

Policy Owner(s)/Beneficiary(s)/Payor(s) Name: \_\_\_\_\_

Application No./Policy No.: \_\_\_\_\_

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

**If the answer to the above question is "Yes", then please complete all sections for each politically exposed person.**

**If the answer to the above question is "No", then please complete section B.**

**Section A - Details of Politically Exposed Person**

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

**Section B - Signatures**

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

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

Owner	<input checked="" type="checkbox"/>	(If company-owned, 2 signatures and titles, or 1 signature and the corporate seal)
Owner	<input checked="" type="checkbox"/>	
Beneficiary	<input checked="" type="checkbox"/>	
Beneficiary	<input checked="" type="checkbox"/>	
Payor	<input checked="" type="checkbox"/>	
Advisor	<input checked="" type="checkbox"/>	

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