

VERIFICATION OF IDENTITY AND THIRD PARTY DETERMINATION FORM

Applicant Name: _____ Policy/Account No. (if available): _____

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires a client's identity to be verified by referring to certain documents. The law also requires that reasonable measures be taken to determine whether the client is acting on behalf of a third party, and if so, that certain information be recorded. Please enter the information below.

1. Identity Verification - Provide the information below on the individual(s) submitting an application and/or making a payment on his/her/their own behalf or on behalf of an entity (e.g. corporation, partnership or trust).

Name	Type of Document	Document Number	Place of Issue	Expiration Date
Individual 1				
Individual 2				
Individual 3				

Acceptable documents are: original valid passport, driver's licence, birth certificate, Certificate of Canadian Citizenship, Canadian Armed Forces Identity card. A government issued document bearing the individual's photograph, signature and address is the preferred document.

2. a) Corporation - In addition to the information contained in Section "1", please provide the corporate information below if the owner is a corporation.

Official Corporate Name	Place of Federal or Provincial Incorporation	Corporation/Registration Number (if available)

Please provide Articles of Incorporation or similar document

b) Non-corporate Entity - In addition to the information contained in Section "1", please provide the information below if the owner is an unincorporated entity (e.g. partnership, trust or unincorporated association). For a non-corporate entity, the advisor must verify the entity's existence by referring to a partnership agreement, trust agreement, articles of association or similar record that ascertains its existence. The record may be in paper form or in an electronic version that is accessible to the public.

Official Name	
Type of Entity	
Description of Document/Record Reviewed	
Form of Document/Record Reviewed <input type="checkbox"/> Paper (if paper, provide photocopy) <input type="checkbox"/> Electronic	
If electronic, complete the following: _____	
Registration No.	Source of Record (e.g. insert website and URL)

3. Third party Determination - this section must be completed. Every reasonable effort must be made by you to determine if the client is acting on behalf of a third party. For the purpose of this question, a "third party" is a person (i.e. an individual or entity) other than the individual who conducts the transaction, the latter being "the client." (For example, an attorney/mandatory acting under a power of attorney/mandate, or a trustee acting under a bare trust, are each acting on behalf of a third party. In the first case, the attorney or mandatory is the "client" and the grantor of the power of attorney or mandate is the third party. In the second case, the trustee is the "client" and each beneficiary is a third party.)

When asked whether the client(s) is/are acting on behalf of or at the instruction of a third party, the client(s) answered: Yes No

When asked if someone other than the owner will be contributing funds to the policy, or now has or will in the future have use of the policy or access to its values, the client(s) answered: Yes No

If yes to either of these questions, collect the following information on the third party.

Name of Third Party	Date of birth for the third party (dd/mm/yyyy)
Relationship of Third Party to Client	
Address of Third Party	
Principal Business and Occupation of Third Party	
If an entity, type of entity (e.g. corporation) and corporation or other	
If an entity, place of issue of corporation or registration number	

Unable to determine, however I have reasonable grounds to suspect there is a third party.

Please give reason: _____

4. Advisor Verification/Information - I hereby certify that I have (a) verified the identity of the individual(s) who submitted the application by referring to the original valid documents referred to above and that the information recorded was correctly copied from such document, (b) verified non-corporate existence as indicated in Section 2(b), and (c) used reasonable efforts to determine if the client(s) is/are acting on behalf of a third party.

Name of Advisor (please print)		
Signature of Advisor		Date (dd/mm/yyyy)

MGA Code _____ Advisor Code _____

Note: Please submit this form with your application.