



CONFIRMATION OF IDENTITY
 INFORMATION REQUIRED UNDER THE PROCEEDS OF CRIME (MONEY LAUNDERING)
 AND TERRORIST FINANCING ACT AND REGULATIONS
 (Non-registered Contract only)

F51-208A

Agency code	Agent code	S.U.	Agent	Agent's telephone number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract no.	Annuitant's first and last name			FundServ Contract	
<input type="text"/>	<input type="text"/>			Dealer code	Intermediary code
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>

For a new application or for a transfers of ownership, this form is mandatory for:

- (a) Non-registered Individual Variable Annuity Contract (if required by section 7 of a F17A application)
- (b) Single Premium Immediate Annuities (SPIAs)
- (c) Universal Life Insurance (UL) (including term conversions to UL and dissociations of UL)

IF THERE IS MORE THAN ONE APPLICANT/OWNER, COMPLETE THIS FORM FOR EACH ONE.

- For individuals, complete sections 1, 2, 4, 6, and 7. If there is a lump sum payment of \$100,000 or more, also complete section 3.
- For corporations or other entities, complete sections 1, 4, 5, 6, and 7. If an individual is paying the premium and it is a lump sum payment of \$100,000 or more, also complete section 3.
- For future lump sum payments of \$100,000 or more, made by or on behalf of an individual, paid subsequent to an event listed at (a), (b) or (c) above, complete only the following sections: 1.a (i) and (ii), 3., 4., and 7.d. Please submit this form with the premium payment.

1. COMPLETE THIS SECTION

a. Information about the applicant/owner

(i) Name of applicant/owner: _____ (ii) Date of birth:

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (not only a P.O. box number): _____

Principal occupation or business (Be specific. One word generic terms such as "manager" or "holding company" are **not** sufficient.): _____

To be answered by an individual applicant/owner only. The following question is for the purpose of compliance with the U.S. Foreign Account Tax Compliance Act (FATCA) regarding status:

Is the applicant/owner a U.S. citizen or a U.S. resident for U.S. tax purposes? No Yes

If "yes," please provide a U.S. Tax Identification Number (TIN) or Social Security Number (SSN): _____

b. Person paying the premium

Is the person paying the premium different from the applicant/owner? No Yes (If "yes," provide the following information.)

Name of person paying the premium: _____

c. Third Party Determination

Is the applicant/owner acting on the instructions of an undisclosed individual or entity? No Yes
 (If "yes," collect the following information.)

Instructions are provided by: an individual a corporation another type of entity (please specify): _____

Name of third party: _____ Date of birth:

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to applicant/owner: _____

Address (not only a P.O. box number): _____

Principal occupation or business (be specific): _____

If a corporation is the third party, provide: Incorporation number: _____ Place of incorporation: _____

d. For individual savings and retirement only – Purpose and intended nature of the business relationship

Retirement savings Savings for vehicle purchase Savings for real estate purchase Savings for commercial equipment

Savings for other purposes (be specific): _____

2. CONFIRMATION OF IDENTITY FOR INDIVIDUAL APPLICANT/OWNER

Refer to an original, unexpired passport, driver's licence or other government-issued identification. SIN card is not acceptable.

Record the following: Type of identification document: _____ Document number: _____

Place of issue: _____ Expiry date:

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



3. POLITICALLY EXPOSED FOREIGN PERSONS (PEFPs)

(Complete if there is a lump-sum payment of \$100,000 or more and the applicant/owner is an individual or the premium is paid by an individual.)

Does the applicant/owner or the person paying the premium, or any close relative*, now hold, or have they ever held, any of the following senior positions on behalf of a country other than Canada? No Yes

- | | | |
|--|---|--|
| 1. head of state or head of government | 5. president of a state-owned company or state-owned bank | 8. military officer with rank of general or above |
| 2. member of the executive council of government | 6. ambassador or attaché or counselor to an ambassador | 9. leader or president of a political party represented in a legislature |
| 3. member of a legislature | 7. head of a government agency | 10. judge |
| 4. deputy minister or equivalent | | |

*Note: A close relative of the applicant/owner or the person paying the premium means: • mother or father • child • spouse or common-law partner • spouse's or common-law partner's mother or father • brother, sister, half-brother, half-sister, step-brother or step-sister.

▲ If the above answer is "yes," then the applicant/owner or the person paying the premium is a PEFP and the following must be completed:

	If the applicant/owner or the person paying the premium holds, or held, one of the positions listed above, provide the following information:	If the applicant/owner or the person paying the premium has a close relative who holds, or held, one of the positions listed above, provide the following information about the close relative:
Name of close relative:	N/A	
Relationship of close relative to applicant/owner or the person paying the premium:	N/A	
Position(s) held (indicate all applicable numbers from list above):		
Country for which position(s) held:		

4. SOURCE OF FUNDS

Describe the source of funds used for this transaction:

- Employment income Business income Investments Pension Loan Savings Inheritance
- Other (provide details): _____

5. COMPLETE THIS SECTION FOR CORPORATIONS OR OTHER ENTITIES THAT ARE APPLICANTS/OWNERS

a. Information about the applicant/owner

Type of entity: Corporation Partnership Trust Not-for-profit organization Other (be specific): _____

b. Verify the existence of the corporation or non-corporate entity

Please confirm the existence of the corporation or non-corporate entity by attaching a recent copy (not more than 24 months old) of a certificate of corporate status or another recent document that confirms the entity's existence.

c. Verify the identity of the individual(s) conducting the transaction on behalf of the corporation or non-corporate entity. If there is more than one individual, verify the identity of each and attach a separate sheet of paper.

Refer to an original, unexpired passport, driver's licence or other government-issued identification. SIN card is not acceptable.

Record the following:

Name: _____ Date of birth:

Y	Y	Y	Y	M	M	D	D

Residential address (not only a P.O. box number): _____

Type of identification document: _____ Document number: _____

Place of issue: _____ Expiry date:

Y	Y	Y	Y	M	M	D	D

d. The following questions are for the purpose of compliance with the U.S. Foreign Account Tax Compliance Act (FATCA) regarding classification for an entity:

1. Is the corporation or partnership organized in the U.S. or a U.S. state?

- No Continue with question 2.
 Yes Please provide an Employer Identification Number (EIN) and continue with question 5e: _____

2. Is the entity a Foreign Financial Institution from the U.S.?

- No Continue with question 3.
 Yes Continue with question 5e.


3. Do more than 50% of the entity's earning revenues come from passive investments (interest, dividends, rent, capital gains, etc.)?

- No Continue with question 5e.
 Yes You must provide the information required for each individual identified (if any) in section 5e for a corporation or partnership or 5g for a trust.


e. Record the name and address of each individual who owns or controls, directly or indirectly, 25% or more of the shares of the corporation or 25% or more of the non-corporate entity:

	Shareholder/owner no. 1	Shareholder/owner no. 2	Shareholder/owner no. 3	Shareholder/owner no. 4
Full name:				
Complete residential address: (not only a P.O. box number)				
FATCA STATUS If you have answered "yes" to question 5.d.3, you must provide an answer to the following for each of these individuals.	Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes?			
	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:

f. Record the names of all directors of the board in the case of a corporation or a not-for-profit organization. Please attach a separate sheet of paper if needed.

 The following must be completed for each director.	Director	Director	Director	Director
	Full name:			

g. In the case of a trust, record the names addresses and FATCA status of all trustees, all known beneficiaries, and all settlors. [Note: A settlor is an individual or entity who established the trust.] Please attach a separate sheet of paper if needed.

 The following must be completed for each Trustee, Beneficiary and Settlor.	Trustee	Trustee	Beneficiary	Beneficiary	Settlor
	Full name:				
Complete residential address: (not only a P.O. box number)					
FATCA STATUS You must provide an answer to the following for each of these individuals.	Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes?				
	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:

h. Describe and/or attach documents establishing the ownership, control and structure of the entity*:

*Note: It needs to be clear who has ultimate ownership and control of the entity (including any natural person(s) that has ultimate control) and what the organizational structure is. An org chart is to be attached for more complex structures.

i. Not-for-profit organizations must also answer the following:

- Is the applicant/owner a charity registered with the Canada Revenue Agency? No Yes
- If "no," does the applicant/owner solicit charitable donations from the public? No Yes

FOR CORPORATIONS AND OTHER ENTITIES, BE SURE TO COMPLETE SECTIONS 1, 4, 5, 6, AND 7. IF AN INDIVIDUAL IS PAYING THE PREMIUM AND THERE IS A LUMP SUM OF \$100,000 OR MORE, ALSO COMPLETE SECTION 3.

6. APPLICANT'S/OWNER'S CONFIRMATION – THIS CONFIRMATION MUST BE SIGNED AND DATED BY THE APPLICANT/OWNER

I confirm that the information I have provided and which is set out above is accurate and complete.

If I am acting on behalf of a corporation or other entity, I also confirm that I have been duly authorized to sign on behalf of such corporation or other entity and that the documents I have provided, including those attached to this form, are accurate, current and complete. I agree to immediately notify the Company of any errors, omissions or changes in the information provided in this form. This includes any changes to an entity's FATCA classification and any change in U.S. residency or citizenship status of any individual who owns or controls, directly or indirectly, 25% or more of an entity that will own this policy or annuity.

Name of applicant/owner or authorized signatory(ies) **X** _____
Signature of applicant/owner or authorized signatory(ies)

Y Y Y Y M M D D
| | | | | | | |

Name(s) of authorized signatory(ies) **X** _____
Signature(s) of authorized signatory(ies)

Y Y Y Y M M D D
| | | | | | | |

7. LIFE INSURANCE AGENT'S CONFIRMATION – THIS CONFIRMATION MUST BE SIGNED AND DATED BY THE LIFE INSURANCE AGENT

I confirm that:

- a.** for each applicant/owner that is an individual, I met with them and I verified their identity by reviewing their original, valid identification document;
- b.** for each applicant/owner that is a corporation or non-corporate entity, I met with the individual(s) conducting the transaction and I verified their identity by reviewing their original, valid identification document;
- c.** I have taken reasonable measures to determine if the applicant/owner is acting on behalf of a third party; and
- d.** in cases where there is a lump sum payment of \$100,000 or more for a non-registered annuity contract or for a universal life insurance policy, if the premium is paid by an individual or if the applicant/owner is an individual, I have taken reasonable measures to determine if they are politically exposed foreign persons;

provided that in the case of a premium of \$100,000 or more paid subsequent to an event listed at the beginning of this form, I only confirm d. above.

I cannot determine if the applicant/owner is acting on the instructions of an undisclosed individual or entity, but I have reasonable grounds to suspect there is another party involved in this transaction. My reasons are: _____

Name of life insurance agent: _____

Signature of life insurance agent: **X** _____

Y Y Y Y M M D D
| | | | | | | |