

INFORMATION REQUIRED UNDER THE PROCEEDS OF CRIME AND TERRORIST FINANCING ACT

Application, request, contract or client number:

1 CONTRACTHOLDER'S PERSONAL INFORMATION

Contractholder's last name (please print) _____

Contractholder's first name (please print) _____

2 FOREIGN POLITICALLY EXPOSED PERSONS (FOREIGN PEP)

Does the contractholder or a member of his or her immediate family (see Section 5) hold or has previously held one of the following positions in a foreign government or on behalf of a foreign state? No Yes – **If so**, indicate the position, the foreign state in which the position is or was held, the family member in question and the source of funds (see Section 5) used for the transaction:

- | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Head of state or government | <input type="checkbox"/> Military officer with the rank of general or higher |
| <input type="checkbox"/> Member of a government executive council or of a legislative assembly | <input type="checkbox"/> President of a state-owned company or bank |
| <input type="checkbox"/> Deputy minister or holder of an equivalent rank | <input type="checkbox"/> Head of a government agency |
| <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor | <input type="checkbox"/> Judge |
| | <input type="checkbox"/> Leader or president of a political party in a legislative assembly |

Foreign state: _____

3 DOMESTIC POLITICALLY EXPOSED PERSON (DOMESTIC PEP)

Does the contractholder or a member of his or her immediate family (see Section 5) hold or has previously held in the last 5 (five) years one of the following positions with the federal government, a Canadian provincial government or a Canadian municipal administration or on behalf of any of these? No Yes – **If so**, indicate the position, the family member in question and the source of funds (see Section 5) used for the transaction:

- | | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Governor General, Lieutenant Governor or head of government | <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"/> Member of the Senate or the House of Commons or member of a legislature | <input type="checkbox"/> Head of a government agency |
| <input type="checkbox"/> Deputy minister or holder of an equivalent rank | <input type="checkbox"/> Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada |
| <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor | <input type="checkbox"/> Leader or president of a political party represented in a legislature |
| <input type="checkbox"/> Military officer with the rank of general or higher | <input type="checkbox"/> Mayor (head of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population) |

4 HEAD OF AN INTERNATIONAL ORGANIZATION (HIO)

Does the contractholder or a member of his or her immediate family (see Section 5) hold one of the following positions? No Yes **If so**, indicate the position, the immediate family member in question and the source of funds (see Section 5) used for the transaction:

- Head of an international organization established by the governments of states
- Head of an institution established by an international organization

5 MEMBER OF THE FAMILY IN QUESTION AND SOURCE OF FUNDS

Must be completed if you answered Yes to Sections 2, 3 or 4.

Family member in question:

- Contractholder
- Immediate family member:

Relationship to contractholder	Domestic PEP	Foreign PEP	HIO	Name
Spouse or common-law partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brother, half-brother, sister, half-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse's or common-law partner's mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Source of funds:

- Loan
- Personal savings
- Severance pay or bonus
- Investment
- Estate
- Sale of company
- Other, specify: _____

6 CONTRACTHOLDER'S DECLARATION AND SIGNATURE

I declare that the information provided in this form is true and complete.

X _____ Date:

Year	Month	Day

Signature of contractholder

RESERVED FOR THE ADMINISTRATION DEPARTMENT FOR INDIVIDUAL INSURANCE AND FINANCIAL SERVICES

Issue date of foreign status document:

Year	Month	Day

 Date transaction reviewed:

Year	Month	Day

Officer who reviewed the transaction

X _____ Date:

Year	Month	Day

Signature of officer