

Application, request, contract or client number:

1 CONTRACTHOLDER'S INFORMATION

Contractholder's last name (please print)

Contractholder's first name (please print)

2 VERIFICATION OF CONTRACTHOLDER'S IDENTITY IN THE PRESENCE OF THE ADVISOR

The advisor certifies having verified the contractholder's identity with the following document (original documents only):

- Health Insurance Card (Health insurance cards cannot be used in the following provinces: Ontario, Manitoba and Prince Edward Island. In Quebec, health insurance cards cannot be required for identification purposes but if a contractholder chooses to present one, it can be accepted.)
- Passport
- Driver's licence
- Other photo I.D. issued by a federal or provincial authority: _____

Document No.: _____ Expiry date (if available):

Year			Month		

Issuing authority: _____ Province or country of issue: _____

3 THIRD-PARTY DETERMINATION

Is the contractholder acting in accordance with the instructions of another person (third party)? Yes No – **If so**, provide the following information about the third party:

Full name of third party _____ Date of birth:

Year			Month		Day

Relationship to contractholder _____ Occupation or key activity _____

Address (No., street, apt.) _____

City _____ Province _____ Postal code

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If the third party is a company: _____
Business number _____ Place of incorporation _____

4 CONTRACTHOLDER'S DECLARATION AND SIGNATURES

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

 _____
Contractholder's signature

 _____
Advisor's signature

Advisor's name _____ Advisor's code _____