



## ADDITIONAL/UPDATED CUSTOMER INFORMATION

Applicant/Owner Name (first, last)	Application/Policy Number
The Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Parts XVIII and XIX of the Income Tax Act require certain information to be provided as requested or deemed necessary to meet the obligations under the Act. This form is used to provide additional or updated customer information.	

### 1. POLITICAL POSITIONS (FOR UNIVERSAL LIFE, WHOLE LIFE, OR NON-REGISTERED POLICIES ONLY)

Use this section if the payor has become a Politically Exposed Person, if a deposit is equal to or greater than \$100,000, or if you have been requested to complete this section

For the purposes of this question:

- “Payor” means the person who is making the payment(s) on the policy.
- “Close relative” means the Payor’s Spouse, sibling, parent, Spouse’s parent, child, or child’s Spouse.
- “Close associate” means an individual who is closely connected to the Payor for personal or business reasons.
- “Spouse” means the spouse or common law partner.

**Does the Payor, any of the Payor’s close relatives or any of the Payor’s close associates hold, or have they ever held, any of the positions listed below:**

No     Yes - indicate the position held below

**Position in Canada or in another country**  
 Note: For positions in Canada, list only the positions held in the past 5 years. For all other countries, list all such positions that have ever been held.

<input type="checkbox"/> Head of state or head of government (including Governor General and Lieutenant Governor) <input type="checkbox"/> President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government) <input type="checkbox"/> Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature) <input type="checkbox"/> Head of a government agency <input type="checkbox"/> Judge (in Canada only, must be a judge of an appeal court)	<input type="checkbox"/> Head of an international organization that is established by the governments of countries or the head of an institution of any such organization (indicate only if position held in the past 5 years) <input type="checkbox"/> Deputy Minister (or equivalent) <input type="checkbox"/> Leader or President of a political party in a legislature <input type="checkbox"/> Ambassador or ambassador’s attaché or counsellor <input type="checkbox"/> Military General (or higher rank) <input type="checkbox"/> Mayor of a Canadian municipality (does not include mayors in countries other than Canada)
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If you answered “Yes” to the question above, complete the following information:

What is the name of the person who holds or held the position?	What is the title of the position held?
Position held from: _____ to _____ <small>(starting year)      (ending year)</small>	In what country was the position held?
With what organization, government or institution was the position held?	How is this person related to the Payor? <input type="checkbox"/> The person is the Payor <input type="checkbox"/> Close relative (relationship): _____ <input type="checkbox"/> Close associate (relationship): _____

**What is the Payor’s source of wealth (check all that apply):**

<input type="checkbox"/> Salary or Earned Income	<input type="checkbox"/> Business Income	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Property Income/ Holdings	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lottery		



## ADDITIONAL/UPDATED CUSTOMER INFORMATION

### 2. Source of Funds

Complete this section if you have been requested to document the source of funds associated with a deposit to an existing policy.

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Business Income                        |
| <input type="checkbox"/> Sale of Property        | <input type="checkbox"/> Borrowed Funds                         |
| <input type="checkbox"/> Gifted Funds            | <input type="checkbox"/> Proceeds From Death Benefits or Estate |
| <input type="checkbox"/> Applicant/Owner Savings | <input type="checkbox"/> Other _____                            |

### 3. Purpose of the Policy

Complete this section if the purpose of the policy has changed, or if you are requested to do so.

Please indicate the client's stated reason(s) for purchasing this policy. (For Life or Critical Illness Insurance policies, select at least one of the **bolded** options. Not all policies are suitable for all purposes)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Short Term Savings                              | <input type="checkbox"/> Retirement / Long Term Savings   | <input type="checkbox"/> <b>Business / Key Person Protection / Buy Sell Agreement</b> |
| <input type="checkbox"/> Income Creation                                 | <input type="checkbox"/> Gift                             | <input type="checkbox"/> <b>Income / Family Protection</b>                            |
| <input type="checkbox"/> <b>Legacy / Inheritance / Estate Protection</b> | <input type="checkbox"/> <b>Mortgage / Debt Insurance</b> | <input type="checkbox"/> Education Purposes   |
| <input type="checkbox"/> Other _____                                     |   |   |

### 4. Identity Verification

Use this section if Equitable Life has asked your advisor to verify the identification of an owner or new signing officer.

Select one of the three ID Verification options:

Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Name (first, middle initial, last) \_\_\_\_\_

- I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to [www.equitable.ca/go/alternative-identification](http://www.equitable.ca/go/alternative-identification) for information on our alternative identification requirements.

- I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories\* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date** (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

\*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

\*\*Expiry Date if available, otherwise Issue Date

- I, the Owner, consent to Equitable Life verifying my identity through a third party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.



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### 5. Declaration of Tax Residence (FOR UNIVERSAL LIFE, WHOLE LIFE, OR NON-REGISTERED POLICIES ONLY)

Use this section if your tax residence has changed, or if you have been requested to do so.

**Policy Owner: check all of the options that apply to you.**

- I am a tax resident of Canada: Provide Social Insurance Number (SIN): \_\_\_\_\_
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_
- I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence

TIN or functional equivalent:

\_\_\_\_\_

\_\_\_\_\_

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: \_\_\_\_\_

### 6. Applicant/Owner Declaration

**I certify that the information provided on this form is current, correct and complete. I will notify Equitable Life within 30 days of any change to the information provided on this form.**

\_\_\_\_\_  
Applicant/Owner Signature and Title

\_\_\_\_\_  
Date (dd/mm/yyyy)

### 7. Advisor Declaration

**To the best of my knowledge, the information provided is complete and true**

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Advisor Code

Note: If you own this policy you can not sign as the advisor because you cannot validate your own ID pursuant to anti-money laundering legislation. If applicable, this declaration must be completed by another licensed and contracted advisor.

**Please note:** Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.