



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.
- "Family Member" means Spouse, Ex-spouse, sibling, parent, mother-in-law or father-in-law, or biological or adoptive child.
- "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.
- "Ex-spouse" means the ex-spouse or ex-common law partner

Does the Payor, or any of the Payor's close associates hold, or have they ever held, any of the positions listed below;

OR

Is the Payor a Family Member of a person who holds or has ever held any of the positions 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"/> 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"/> President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government) | <input type="checkbox"/> Deputy Minister (or equivalent) |
| <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"/> Leader or President of a political party in a legislature |
| <input type="checkbox"/> Head of a government agency | <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor |
| <input type="checkbox"/> Judge (in Canada only, must be a judge of an appeal court) | <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) |

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 _____ (starting year) (ending year)	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"/> Lottery |
| <input type="checkbox"/> Property Income/ Holdings | <input type="checkbox"/> Investment Income | <input type="checkbox"/> Other _____ | |



Additional/Updated Customer Information

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 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)

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® 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 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.