



ADDITIONAL/UPDATED CUSTOMER INFORMATION

Applicant/Owner Name (first, last)	Application/Policy Number
<p>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.</p>	

1. POLITICAL POSITIONS (FOR UNIVERSAL LIFE, WHOLE LIFE, OR NON-REGISTERED POLICIES ONLY)			
<p>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</p> <p>For the purposes of this question:</p> <ul style="list-style-type: none"> • "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. 			
<p>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:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - indicate the position held below</p>			
<p>Position in Canada or in another country <small>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.</small></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <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) </td> <td style="width: 50%; vertical-align: top; border: none;"> <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 <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) </td> </tr> </table>		<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 <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)
<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 <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)		
<p>If you answered "Yes" to the question above, complete the following information:</p>			
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): _____		



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 (not all policies are suitable for all purposes).

- | | | |
|---|---|--|
| <input type="checkbox"/> Short Term Savings | <input type="checkbox"/> Retirement / Long Term Savings | <input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement |
| <input type="checkbox"/> Income Creation | <input type="checkbox"/> Gift | <input type="checkbox"/> Income / Family Protection |
| <input type="checkbox"/> Legacy / Inheritance / Estate Protection | <input type="checkbox"/> Mortgage / Debt Insurance | <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. Choose one of the following: driver's licence, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card. If you do not have one of the pieces of identification indicated, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

Name (first, middle initial, last) _____

Confirmation by advisor (choose one):

- I, the advisor, have held and viewed the original photo identification. Provide details:

Identification Type: _____ Expiry Date (dd/mm/yyyy): _____

Identification Number: _____ Date Advisor Verified (dd/mm/yyyy): _____

Issuing Jurisdiction / Country: _____

- I, the advisor, have followed the alternative identification instructions, including reviewing two original documents as set out in the instructions. Copies of the two documents are attached with this application.

Advisor Signature: _____ Date (dd/mm/yyyy): _____

Advisor code: _____



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): _____
- I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN): _____

If you do not have a TIN 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)

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.