

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, WH	IOLE 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 hel	d 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.							
☐ Head of state or head of government (including Governor General and Lieutenant Governor)	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)						
☐ President of a state-owned company or bank (including a corporation that is wholly owned by a federal or	Deputy Minister (or equivalent)						
provincial government)	☐ Leader or President of a political party in a legislature						
Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a	Ambassador or ambassador's attaché or counsellor						
provincial legislature)	☐ Military General (or higher rank)						
☐ Head of a government agency	Mayor of a Canadian municipality (does not include mayors in countries other						
\square Judge (in Canada only, must be a judge of an appeal court)	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	In what country was the position held?						
(starting year) (ending year)							
With what organization, government or institution was the	How is this person related to the Payor?						
position held?	☐ The person is the Payor						
	☐ Close relative (relationship):						
	☐ Close associate (relationship):						
What is the Payor's source of wealth (check all that apply):							
☐ Salary or Earned Income ☐ Business Income	☐ Inheritance ☐ Lottery						
☐ Property Income/ Holdings ☐ Investment Income	☐ Other						



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	RCE OF FUNDS this section if you hav	e been request	ed to document the	e source of f	funds associat	ed with a de	posit to a	nn existing policy.		
Check all	that apply:									
Salary	or Earned Income			□в	usiness Incom	ie				
☐ Sale of	Property			□в	orrowed Fund	ds				
☐Gifted	Funds			□ P	roceeds From	Death Bene	fits or Es	tate		
Applica	ant/Owner Savings			По	ther					
3. PURF	POSE OF THE PO	LICY								
Complete	this section if the purp	pose of the poli	cy has changed, or	if you are re	equested to do) SO.				
	licate the client's state licies are suitable for a		purchasing this pol	licy. (For Life	e or Critical III	ness Insuran	nce policie	es, select at least or	ne of	the bolded options.
☐ Short T	erm Savings		Retiremen	☐ Retirement / Long Term Savin		☐ Business / Key Person Protection /			Buy	Sell Agreement
□Income	e Creation	□Gift			☐ Income / Family Protection					
Legacy	/ Inheritance / Estate	Protection	\square Mortgage	/ Debt Insu	ırance	☐ Education Purposes				
☐ Other _						_				
4. IDEN	TITY VERIFICATION	ON								
Select one Choose on (issued print Name (fir Confirma	ection if Equitable has a of the three ID Verific the of the following: pro or to 2012), permanents, middle initial, last) ation by advisor (choos dvisor, when meeting the details:	ation options: vincial driver's it resident card e one):	licence, provincial ¡ , or Secure Certifica	ohoto identi ate of Indiar	ification card	(excluding pr	rovincial l	health cards), passp		
Identification Type		Identification	Identification Number		Issuing Jurisdiction/Cou		Expiry Date (dd/mm/yyyy)			te Advisor Verified d/mm/yyyy)
www.equ	not have one of the pie itable.ca/go/alternative dvisor, have followed t the instructions. Provid	e-identification he alternative i	for information on o	our alternat	ive identificati	ion requirem	ents.	-	liffer	ent Categories* as set
Category*	Document Type		Document Issuer		Document/Account Nu		mber Document Date (dd/mm/yyyy)		- 1	Date Advisor Verified (dd/mm/yyyy)
**Expiry D	A - Name and address, ate if available, otherwork, consent to Equitang with Anti-Money La	wise Issue Date able verifying m	e ny identity through						visor	for the purposes of



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	N 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						

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.