



Additional/Updated Client 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.

Head of state or head of government (including Governor General and Lieutenant Governor)

President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)

Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature)

Head of a government agency

Judge (in Canada, must be a judge of an appeal court)

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)

Deputy Minister (or equivalent)

Leader or President of a political party in a legislature

Ambassador or ambassador's attaché or counsellor

Military General (or higher rank)

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): <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Salary or Earned Income <input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Lottery </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Property Income/ Holdings <input type="checkbox"/> Investment Income <input type="checkbox"/> Other _____ </div>	



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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"/> 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 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) _____

Confirmation by advisor (choose one):

1. 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 equitable.ca/go/alternative-identification for information on our alternative identification requirements.

2. 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 or Expiry 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

3. I, the Owner, consent to Equitable 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 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.