



## 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	ld any of the positions helevy					
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)					
<ul> <li>President of a state-owned company or bank (including a corporation that is wholly owned by a federal or</li> </ul>	☐ Deputy Minister (or equivalent)					
provincial government)	$\square$ 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	$\square$ 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 than Canada)					
$\square$ Judge (in Canada only, must be a judge of an appeal court)	tiali Caliada)					
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	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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2. SOURCE OF FUNDS  Complete this section if you have	been requested t	o document the	e source of f	unds associat	ed with a dep	osit to a	n existing policy.		
Check all that apply:									
Salary or Earned Income	rned Income								
☐ Sale of Property		☐ Borrowed Funds							
☐ Gifted Funds		☐ Proceeds From Death Benefits or Estate							
☐ Applicant/Owner Savings		☐ Other							
3. PURPOSE OF THE POLICY									
Complete this section if the purpo	ose of the policy h	nas changed, or i	f you are re	quested to do	so.				
Please indicate the client's stated Not all policies are suitable for all		chasing this pol	icy. (For Life	or Critical III	ness Insurand	ce policie	es, select at least or	ne of t	the bolded options.
☐ Short Term Savings		☐ Retirement / Long Term Saving		rm Savings	☐ Business / Key Person Protection /			Buy Sell Agreement	
☐ Income Creation		$\square$ Gift			☐ Income / Family Protection				
Legacy / Inheritance / Estate P	Protection	$\square$ Mortgage	☐ Mortgage / Debt Insurance		☐ Education Purposes				
Other					<u> </u>				
4. IDENTITY VERIFICATIO	DN								
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):									
☐ 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 Nu	mber	er Issuing Jurisdi		isdiction/Country Expiry (dd/mi				e Advisor Verified /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 <a href="https://www.equitable.ca/go/alternative-identification">www.equitable.ca/go/alternative-identification</a> 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	Do	cument Issuer		Document/Account Number		ber	Document Date (dd/mm/yyyy)		Date Advisor Verified dd/mm/yyyy)
*Category A - Name and address, C **Expiry Date if available, otherwi	ise Issue Date ole verifying my id	lentity through a						isor fo	or 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:						
Jurisdiction of tax residence TIN or functional equivalent:						
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  Note: If you own this policy you can not sign as the advisor because you cannot validate your own ID purs applicable, this declaration must be completed by another licensed and contracted advisor.	Date (dd/mm/yyyy)					

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.