

### THIRD PARTY INFORMATION

Applicant/Owner Name (first, last)	Applicant/Owner Email Address	Application/Policy Number
------------------------------------	-------------------------------	---------------------------

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires the completion of this form. Advisors must make every reasonable effort to determine if the Applicants/Owners are acting on behalf of a Third Party, and if so, certain information must be recorded.

For the purpose of this question, a "third party" is someone other than the Owner or the Life Insured/Annuitant who will be paying the premium or has/will have an ownership interest in this policy. Examples include a power of attorney signing on behalf of the owner, someone other than the owner or life insured/annuitant paying premiums, or a corporation having use or access to the policy values.

If a Third Party has been identified, indicate the type below and complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable. The information is required to comply with Canadian legislation. In order for us to process your application, please complete all of the provided fields.

Type of Third Party (select one and attach any applicable legal documentation)

payor  trustee  executor  collateral/assignee  attorney/power of attorney/mandatary

other (please specify): \_\_\_\_\_

#### 1. INDIVIDUAL THIRD PARTY

Name of Third Party (first, middle, last)		Date of Birth (dd/mm/yyyy)
Address (number, street and apartment)	City or Town	Province
Phone number	Postal Code	Country
Relationship to Owner	Occupation (job title and duties) – if not currently working, indicate former occupation	

#### 2. BUSINESS / ENTITY THIRD PARTY

Full Legal Name		
Address (number, street and apartment)	City or Town	Province
Phone number	Postal Code	Country
Relationship to Owner	Nature of principal business	
Incorporation / Registration Number (if applicable)	Jurisdiction / Country of Issue (if applicable)	

### THIRD PARTY INFORMATION

#### 3. 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"/> Property Income/ Holdings | <input type="checkbox"/> Investment Income | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lottery                   |  |                                       |

---

## THIRD PARTY INFORMATION

---

### 4. ADVISOR CERTIFICATION

Select one of the following options:

- I have made a reasonable effort to determine if a third party is acting on behalf of an owner, and have included the applicable Third Party information in the above sections.

Explanation: \_\_\_\_\_

- I was unable to determine that the Applicant/Owner is acting on behalf of a Third Party, but I have reasonable grounds to suspect this is the case.

Did the Applicant/Owner indicate that the transaction was being conducted by a Third Party?

a) If "Yes", please provide details.

b) If "No", please provide reasons to suspect the Applicant/Owner is acting on behalf of a Third Party.

\_\_\_\_\_  
Name of Advisor

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Advisor Code

**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.