



THIRD PARTY INFORMATION

Applicant/Owner Name (first, last)	Application/Policy Number
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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, complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable.

Individual Third Party			
Name of Third Party (first, middle, last):		Date of Birth (dd/mm/yyyy)	Relationship to Owner
Address (number, street and apartment)		City or Town	Province
		Postal Code	
Country	Occupation (job title and duties) - if retired, indicate former occupation		
Type of Third Party (select one and attach any applicable legal documentation)			
<input type="checkbox"/> payor <input type="checkbox"/> trustee <input type="checkbox"/> executor <input type="checkbox"/> collateral/assignee <input type="checkbox"/> attorney/power of attorney/mandatary			
<input type="checkbox"/> other (please specify): _____			
Business / Entity Third Party			
Full Legal Name		Relationship to Owner	
Address (number, street and apartment)		City or Town	Province
		Postal Code	
Country		Nature of principal business	
Incorporation Number (if applicable)		Place of Incorporation (if applicable)	
Type of Third Party (select one and attach any applicable legal documentation)			
<input type="checkbox"/> payor <input type="checkbox"/> trustee <input type="checkbox"/> executor <input type="checkbox"/> collateral/assignee <input type="checkbox"/> attorney/power of attorney/mandatary			
<input type="checkbox"/> other (please specify): _____			



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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.
- 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 Annuitant/Owner is acting on behalf of a Third Party.

Name of Advisor

Signature of Advisor

Date (dd/mm/yyyy)

Advisor Code

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