



Products covered by this questionnaire: Universal life insurance, Whole Life, ParPlus and ParPlus Junior policies and all non-registered immediate or deferred annuities

Client's name 1: _____ Client's name 2: _____

Product purchased: Non-registered immediate or deferred annuity Universal life Whole Life ParPlus ParPlus Junior

Section A - Determination of beneficial ownership

Applicable if: your client is a legal entity (corporation, partnership, association, or non-profit organization)

1. If any, please indicate the names and professions of all the administrators (members of the board of directors)

Name 1: _____	Profession: _____
Name 2: _____	Profession: _____
Name 3: _____	Profession: _____
Name 4: _____	Profession: _____
Name 5: _____	Profession: _____
Name 6: _____	Profession: _____
Name 7: _____	Profession: _____
Name 8: _____	Profession: _____
Name 9: _____	Profession: _____

2. The names, professions, and addresses of all persons holding or directly or indirectly controlling at least 25% of the shares or financial interests of the legal entity.

Name 1: _____	Profession: _____
Address: _____	
Name 2: _____	Profession: _____
Address: _____	
Name 3: _____	Profession: _____
Address: _____	
Name 4: _____	Profession: _____
Address: _____	

3. If the client is a non-profit organization

Does the organization collect or solicit donations from the public? Yes No

If **yes**, is the organization registered with Canada Revenue Agency for the purpose of issuing tax receipts?

Yes No

If yes, what is its registration number?

The registration number is available at the Canada Revenue Agency Web site at <http://www.cra-arc.gc.ca/> > Charities and Giving > Charities Listings > Canadian Registered Charities

4. If you cannot obtain the information needed to complete this questionnaire, please explain.

Don't forget to complete Section C at the end of this document.

Section B – Politically Exposed Persons (PEP)

Applicable if: A premium or deposit of \$100,000 or more is made into a Universal Life policy, a non-registered immediate or deferred annuity, a Whole Life, ParPlus or a ParPlus Junior policy.

1. Have you or your spouse or common-law partner, father or mother, father- or mother-in-law, child, brother or stepbrother, or sister or stepsister ever held any of the following positions for a country other than Canada:

Position	Yes	No
Head of state or of the government (e.g., President, Prime Minister, monarch)		
Member of the executive council of a government or member of a legislature (e.g., minister, representative, senator, member of parliament, or a position of similar rank)		
Deputy minister or equivalent		
Ambassador or an ambassador's attaché or counsellor		
Officer with the rank of general or higher		
Top executive of a state-owned company or bank		
Head of a government agency		
Judge		
leader or president of a political party in a legislature		

- If the client answers NO to all of the above questions, complete the signature section on the last page of this questionnaire.

- If the client answers YES to any of the above questions, fill out fields 2 to 8 below before completing the signature section.

2. Name of the person identified in question 1 (if other than the client): _____

3. Relationship with the person identified in question 1.

Relationship	
Self	√
Spouse or common-law partner	
Father or mother	
Father- or mother-in-law	
Child	
Brother or stepbrother, sister or stepsister	

4. Title of the position occupied by the person in question: _____
5. For which country?: _____
6. Years active in this position - From: _____ To: _____
7. Source of funds _____
8. Other pertinent details related to the functions of the person in this position: _____

Section C - Signatures

Client's signature

By signing this document, the client confirms that the information given is accurate, complete and truthful.

Client 1 signature: _____ Date: _____

Client 2 signature: _____ Date: _____

Representative's signature

By signing this document, the representative confirms that he/she has examined the valid identification documents of the client and that, to the best of his or her knowledge, the information given by the client in this questionnaire is accurate, complete and truthful.

Representative's name: _____ Signature: _____ Date: _____

Thank you for submitting this questionnaire with the proposal