

## INSTRUCTIONS – FORM 6119-00A-JAN18

### [Information on the identity of a legal person \(Entity\)](#)

In order to comply with the anti-money laundering legislation under the laws of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act guidelines, this form is **now required for all Entities owning non-registered accounts regardless of the amount invested**. Start by selecting the first applicable box from the form, confirm the type of legal entity and complete **one** of the following four sections:

#### SECTION 1: Corporation

- If you checked **corporation** type, complete this section
- **Identify** each board of director and shareholder and **verify** their identities
- Proceed directly to **section 5** (page 19)

#### SECTION 2: Partnership

- If you checked **partnership** type, complete this section
- **Identify** each individual partner and **verify** their identities
- Proceed directly to **section 5** (page 19)

#### SECTION 3: Trust or estate

- If you checked **trust or estate** type, complete this section
- **Identify** each Beneficiary and Signing Officer/Trust/Executor
- **Verify** the identities and **identify** each **Trust – Payor**
- Proceed directly to **section 5** (page 19)

#### SECTION 4: Association

- If you checked **association** type, complete this section
- **Identify** each board of director and individual holding 25% or more ownership
- Entity ownership: If you checked **no**, proceed directly to **section 5**
- If you answered **yes**, complete the remainder of **section 4**

#### SECTION 5: Third Parties

- If you answered **no**, **proceed to section 6**
- If you answered **yes**, complete the remainder of **section 5**

#### SECTION 6: Source of Payment and Purpose

- **Identify** the source of the payment and the purpose or intended use of this product.

## SECTIONS 7 & 8:

### Signatures

- **Confirmation** and **signature** of each Signing Officer
- **Confirmation** that the information is valid and the **signature** of the representative



### Declaration of Tax Residence for Entities

- **The CRA** form Declaration of Tax Residence for Entities is also required and **must accompany this document**

[Declaration of Tax Residence for Entities \(RC519\)](#)

Feel free to contact our Investments and Retirement team if you have any questions!



**INFORMATION ON THE IDENTITY OF A LEGAL PERSON (ENTITY)**

(For non-registered funds and universal life products)

Is the contributor/owner a public body (any government department, ministry, crown corporation, city, town or other municipal body), a public hospital or a corporation that is traded on a Canadian stock exchange with net assets of at least \$75 million (this includes a subsidiary of any of these entities whose financial statements are consolidated with those of the parent entity)?

- If "no", please fill out this form.
- If "yes", please complete sections 7 and 8 of the form.

Please confirm the type of entity of the legal entity:

- Corporation
- Partnership
- Trust or Estate
- Association
- Other

It is important to always verify the identity of clients and find out whether any third parties are involved. This helps Assumption Life and you to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financial Act and other relevant legislation/regulations.

**1. CORPORATION**

Please complete the Canada Revenue Agency's [Declaration of Residence for Entities](#) (RC519) as well as paper copies of all relevant documents about the corporation to provide information on ownership, control and the structure of this corporation.

Corporate name			
Principal business (holding companies must indicate the nature of their principal holding, whether active or passive)			
Corporate registration number	Date of incorporation (dd-mm-yyyy)	Province/State of incorporation	Country of incorporation
Is this corporation a not-for-profit entity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Solicits public contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered as a charity with Canada Revenue Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	Canada Revenue Agency Registration number	

**1.1 Directors of the board**

First name: Directors	Last name
Occupation/occupation prior to retirement	
First name: Directors	Last name
Occupation/occupation prior to retirement	
First name: Directors	Last name
Occupation/occupation prior to retirement	

First name: Directors	Last name
Occupation/occupation prior to retirement	

**1.2 Individual shareholders. 100% of the ownership or control of the entity must be accounted for.**

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

  

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

  

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

  

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code



**1.3 IDENTIFICATION METHODS**

Please choose one of the 4 identification methods below (from a to d) for all shareholders who own or control 25% or more of the corporation/company.

Individual No. 1

**a) Verification in person (Using an original photo ID)**

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence <input type="checkbox"/>				
Passport <input type="checkbox"/>				
Other <input type="checkbox"/>				

**b) Verification of identity by consulting a credit report**

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative \_\_\_\_\_ representative's code \_\_\_\_\_ to verify my identity by consulting my credit report. representative's name representative's code

Name: \_\_\_\_\_  
In block letters

Signature: \_\_\_\_\_  
Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date

**c) Dual process method**

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account

**d) Verification of Identity by a Third Party**

The representative assigned to the client's file was not present when this individual signed the document. The representative certifies that the identity and date of birth of the individual were verified by another representative with an active agent code at Assumption Life. This representative must sign the agent's declaration at the end of this form.

Name of the representative that validated the individual's identity: \_\_\_\_\_  
 (in block letters)

**Individual No. 2**
**a) Verification in person (Using an original photo ID)**

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence <input type="checkbox"/>				
Passport <input type="checkbox"/>				
Other <input type="checkbox"/>				

**b) Verification of identity by consulting a credit report**

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative \_\_\_\_\_ representative's code \_\_\_\_\_ to verify my identity by consulting my credit report. \_\_\_\_\_ representative's name \_\_\_\_\_ representative's code \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
In block letters Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date
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**c) Dual process method**

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account

**d) Verification of Identity by a Third Party**

The representative assigned to the client's file was not present when this individual signed the document. The representative certifies that the identity and date of birth of the individual were verified by another representative with an active agent code at Assumption Life. This representative must sign the agent's declaration at the end of this form.

Name of the representative that validated the individual's identity: \_\_\_\_\_  
(in block letters)

## 2. PARTNERSHIP

Please complete the Canada Revenue Agency's *Declaration of Tax Residence for Entities* (RC519) and paper copies of all relevant documents about the corporation to provide information on the ownership, control and structure of this corporation.

Name			
Principal business (holding companies must indicate the nature of their principal holding, whether active or passive)			
Registration number	Province/State of registration	Country of registration	Type of document

### 2.1 Individual partners. 100% of the ownership or control of the entity must be accounted for.

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

  

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

  

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

**2.2 IDENTIFICATION METHODS**

Please choose one of the 4 identification methods below (from a) to d)) for all persons that hold 25% or more ownership of the entity.

Individual No. 1

**a) Verification in person (Using an original photo ID)**

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence <input type="checkbox"/>				
Passport <input type="checkbox"/>				
Other <input type="checkbox"/>				

**b) Verification of identity by consulting a credit report**

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative \_\_\_\_\_ representative's code \_\_\_\_\_ to verify my identity by consulting my credit report.  
representative's name representative's code  
port.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
In block letters Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date

**c) Dual process method**

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account

**d) Verification of Identity by a Third Party**

The representative assigned to the client's file was not present when this individual signed the document. The representative certifies that the identity and date of birth of the individual were verified by another representative with an active agent code at Assumption Life. This representative must sign the agent's declaration at the end of this form.

Name of the representative that validated the individual's identity: \_\_\_\_\_  
 (in block letters)

**Individual No. 2**
**a) Verification in person (Using an original photo ID)**

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence <input type="checkbox"/>				
Passport <input type="checkbox"/>				
Other <input type="checkbox"/>				

**b) Verification of identity by consulting a credit report**

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative \_\_\_\_\_ representative's code \_\_\_\_\_ to verify my identity by consulting my credit report.

representative's name

representative's code

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

In block letters

Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date
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**c) Dual process method**

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account

**d) Verification of Identity by a Third Party**

The representative assigned to the client's file was not present when this individual signed the document. The representative certifies that the identity and date of birth of the individual were verified by another representative with an active agent code at Assumption Life. This representative must sign the agent's declaration at the end of this form.

 Name of the representative that validated the individual's identity: \_\_\_\_\_  
 (in block letters)

**3. TRUST OR ESTATE**

Please complete the Canada Revenue Agency *Declaration of Tax Residence for Entities* (RC519) and provide paper copies of the trust deed or other trust instrument (or relevant sections of these documents) to confirm the existence of the trust. For estates, provide a copy of the will.

Name of the trust or estate		Date established (dd-mm-yyyy)
Document type	Province/State of establishment	Country of establishment

**3.1 Trust/estate beneficiaries**

<b>Information about the beneficiary of the trust/estate</b>			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code
<b>Information about the beneficiary of the trust/estate</b>			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code
<b>Information about the beneficiary of the trust/estate</b>			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

**3.2 ADDITIONAL ENTITY SIGNING OFFICER/TRUSTEE/EXECUTOR**

First name: Entity signing officer/trustee/executor		Last name	Date of birth (dd-mm-yyyy)
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

**METHOD OF IDENTIFICATION OF TRUSTEE**
**a) Verification in person (Using an original photo ID)**

For photo identification, the trustee must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence <input type="checkbox"/>				
Passport <input type="checkbox"/>				
Other <input type="checkbox"/>				

**b) Dual process method**

The trustee must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account

**c) Verification of Identity by a Third Party**

The representative assigned to the client's file was not present when this individual signed the document. The representative certifies that the identity and date of birth of the individual were verified by another representative with an active agent code at Assumption Life. This representative must sign the agent's declaration at the end of this form.

Name of the representative that validated the individual's identity: \_\_\_\_\_  
 (in block letters)

**3.3 ADDITIONAL ENTITY SIGNING OFFICER/TRUSTEE/EXECUTOR**

First name: Entity signing officer/trustee/executor		Last name	Date of birth (dd-mm-yyyy)
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

**IDENTIFICATION METHOD OF TRUSTEE**
**a) Verification in person (Using an original photo ID)**

For photo identification, the trustee must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box) Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/>	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
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**b) Dual process method**

The trustee must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Nom <input type="checkbox"/> Date de naissance <input type="checkbox"/> Adresse <input type="checkbox"/> Compte financier
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method <input type="checkbox"/> Nom <input type="checkbox"/> Date de naissance <input type="checkbox"/> Adresse <input type="checkbox"/> Compte financier

**c) Verification of Identity by a Third Party**

The representative assigned to the client's file was not present when this individual signed the document. The representative certifies that the identity and date of birth of the individual were verified by another representative with an active agent code at Assumption Life. This representative must sign the agent's declaration at the end of this form.

Name of the representative that validated the individual's identity: \_\_\_\_\_  
 (in block letters)

**3.4 TRUST SETTLOR (PAYOR) (REQUIRED FOR TRUST ONLY)**

Required for trusts only when the settlor is alive.

<b>Trust settlor (payor) information</b>			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Province/State	Postal code/Zip code

  

<b>Trust settlor (payor) information</b>			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Province/State	Postal code/Zip code

**4. ASSOCIATION (OTHER NON-CORPORATE ENTITIES, INCLUDING UNINCORPORATED NOT-FOR-PROFIT ENTITIES)**

Please complete the Canada Revenue Agency *Declaration of Tax Residence for Entities* (RC519) and provide paper copies of all relevant non-corporate entity documents to provide details on the ownership, control and structure of the non-corporate entity.

Type of non-corporate entity: <input type="checkbox"/> Unincorporated not-for-profit <input type="checkbox"/> Other			
Name			
Principal business			
Date entity established (dd-mm-yyyy)	Document type	Country of registration	Province/State of establishment
Is this a not-for-profit entity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Solicits public contributions? No <input type="checkbox"/> Yes <input type="checkbox"/>	Registered as a charity with Canada Revenue Agency? No <input type="checkbox"/> Yes <input type="checkbox"/>	Canada Revenue Agency Registration number	

## 4.1 Directors of the board

First name: Director	Last name
Occupation/occupation prior to retirement	
First name: Director	Last name
Occupation/occupation prior to retirement	
First name: Director	Last name
Occupation/occupation prior to retirement	
First name: Director	Last name
Occupation/occupation prior to retirement	

**4.2 Individuals holding 25% or more ownership (not applicable for unincorporated not-for-profit organizations). 100% of the ownership or control of the entity must be accounted for.**

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code



**4.3 ENTITY OWNERSHIP**

Is the entity owner identified in section 1 owned in whole or in part by another entity?  No  Yes

- If no, proceed to section 5.
- If yes, provide the information below.

100% of the entity ownership or control of the entity must be accounted for.

Completion of an additional form with sections 1, 2, 3, 4, 7 and 8 is required for every additional person or entity that:

- Owns or controls a portion of the entity applicant; or
- Owns or controls all or a portion of any entity that owns the entity applicant.

Is this entity an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations?

No  Yes If yes, completion of sections 1, 2, 3 and 4 are not required for this entity.

Does this entity hold 25% or more ownership or control in the entity applicant or in any entity that owns or controls the entity applicant?

No  Yes If yes, complete the applicable sections below for the entity type selected.

Name of entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Other
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<b>4.4 Board directors of the other entity</b>	
First name	Last name
Address	
First name	Last name
Address	
First name	Last name
Address	
First name	Last name
Address	

**4.5 Individuals holding 25% or more ownership (not applicable for unincorporated not-for-profit entity). The entire ownership or control of the entity must be reported.**

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Code postal/Zip code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Code postal/Zip code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Code postal/Zip code



**5. THIRD PARTY DETERMINATION**

A third party may include, for example, a payer, an attorney or agent or a collateral assignee/mortgagee.

Is the contract to be paid for by a third party or used by or on behalf of a third party?  No  Yes

If yes, is the third party an  Individual  Entity Please complete the applicable section.

**Individual**

First name		Last name	Date of birth (dd-mm-yyyy)
Type of third party	Relationship with applicant/owner		Occupation/occupation prior to retirement/principal business
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

**Entity**

Name			
Type of third party		Relationship with applicant/owner	
Principal business (holding companies must indicate the nature of their principal holding whether active or passive)			
Address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code
Registration number	Province/State of registration		Country of registration

If unable to obtain any required information for any third party, record the measures taken and why you were unsuccessful below:

**6. SOURCE OF PAYMENT AND PURPOSE OF PRODUCT**

a. Provide the source of payment for this application/contract. (Select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> salary or earned income     | <input type="checkbox"/> applicant/owner's savings | <input type="checkbox"/> business income                        |
| <input type="checkbox"/> existing investment account | <input type="checkbox"/> borrowed fund             | <input type="checkbox"/> pension income                         |
| <input type="checkbox"/> gifted funds                | <input type="checkbox"/> sale of property          | <input type="checkbox"/> proceeds from death benefits or estate |
| <input type="checkbox"/> inherited funds             | <input type="checkbox"/> social security benefits  | <input type="checkbox"/> other (give details below)             |

Other (give details below)

b. What is the purpose and intended use of the product applied for (including an annuity product which may include periodic payments at some point under the contract)? (Select only one.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> savings       | <input type="checkbox"/> cash reserves      | <input type="checkbox"/> emergency fund             |
| <input type="checkbox"/> vacation fund | <input type="checkbox"/> retirement savings | <input type="checkbox"/> educational purposes       |
| <input type="checkbox"/> income        | <input type="checkbox"/> legacy/inheritance | <input type="checkbox"/> other (give details below) |

Other (give details below)

**7. ENTITY SIGNING OFFICER CERTIFICATION**

I, the undersigned, confirm that I am duly authorized by the applicant to act on their behalf in responding to questions on this form. I further confirm that, to the best of my knowledge, the information provided is true and accurate and given face-to-face in the presence of the advisor with the understanding that Assumption Life will rely on such information to conduct client due diligence and to satisfy applicable regulatory requirements.

I am entitled to consult the personal information contained in my file and, if applicable, to have it corrected by submitting a written request to the following address: Assumption Life, PO Box 160/770 Main Street, Moncton NB E1C 8L1.

Entity signing officer signature (indicate title of signing officer)	Date signed (dd-mm-yyyy)
Entity signing officer signature (indicate title of signing officer)	Date signed (dd-mm-yyyy)
Entity signing officer signature (indicate title of signing officer)	Date signed (dd-mm-yyyy)

**8. CERTIFICATE OF REPRESENTATIVE (Representative of the client assigned to the file or of another representative having an active code with Assumption Life)**

With the understanding that Assumption Life will rely on the information in this form to conduct client due diligence and to satisfy applicable regulatory requirements, I, the advisor, confirm each of the following:

- All of the identification details provided in this form match the original identification documents shown to me;
- I have reviewed the details provided in this form with the owner;
- To the best of my knowledge, all details provided in this form are full, complete, true and given to me by the client during a meeting in person.
- I took reasonable steps to identify the identity of the legal person.
- I have not been able to identify the identity of this person for the following reasons:

(You can also contact us by email at [investments.retirement@assumption.ca](mailto:investments.retirement@assumption.ca) or at [client.services@assumption.ca](mailto:client.services@assumption.ca) to provide us with these details)

Representative's first name	Last name	Representative's code
Representative's signature		Date signed (dd-mm-yyyy)

**9. ASSUMPTION LIFE'S DECLARATION**
**Assumption Life's Privacy Statement for Canada**

In order to protect the confidentiality of customers' personal information, Assumption Life will make and keep records of them, in accordance with the applicable rules, at the offices of Assumption Life or a third party acting on its behalf in Canada or elsewhere, which will include information about their proposal and information regarding any request for service and settlement. Their personal information will only be used for the following purposes: for the establishment of the contract; during any service request relating to the contract; as well as when considering a claim following a death. Only employees, agents, distribution partners or service providers for whom this information is necessary for the performance of their duties will have access to this personal information. If the owner is a legal entity (company, company, or association), the latter agrees to provide Assumption Life, upon request, with proof of the status of the legal person and proof of the name and occupation of all directors of the corporation that directly or indirectly owns or controls 25% or more of the interest of that corporation. Unless required by law or by court order, Assumption Life does not disclose personal information to third parties without consent. However, Assumption Life is required by law to disclose certain personal information to the Canada Revenue Agency for tax purposes. Assumption Life can suspend any payment of benefits if there is no consent from the client. Thus, it becomes impossible to administer the contract, which can therefore be considered as a request to terminate the contract.