Assumption Life
Investments and Retirement

INFORMATION ABOUT THE IDENTITY OF AN OWNER (INDIVIDUAL)

FOR NON-REGISTERED FUNDS AND UNIVERSAL LIFE PRODUCTS

ERASE

1. Verification of the identity of owner 1

First name	Last name		
Date of birth (dd-mm-yyyy)	Profession/profession before retirement/main activity		
Permanent residence address (street name, number, apartment/suite)			
City	Province/State	Country	Postal Code/Zip Code

1.1 Identification methods (select one method):

☐ **a) Verification in person (using an original photo ID)**

You must review the current, valid, and original identification document. Acceptable Canadian documents include a passport, driver's license, or any other photo ID issued by a federal, provincial, or territorial government. An equivalent photo identification issued by a foreign government is also acceptable.

Type of document	Document number	Expiration date (dd-mm-yyyy)	Province or country of issue

☐ **b) Dual process method**

The client must provide two original, valid, and current documents from separate, reliable, and independent sources. This method may only be used if the client does not have valid photo ID or if the verification is done remotely.

Category*	Document type	Reference number	Verification date	Information received (name, address, date of birth, financial account)

**Category A: name and address. Category B: name and date of birth. Category C: name and proof of Canadian deposit or loan account.*

☐ **c) By a third party**

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

Name of the representative who validated the individual's identity: _____

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2. Verification of the identity of owner 2 (co-owner) If applicable

First name	Last name
Date of birth (dd-mm-yyyy)	Profession/profession before retirement/main activity
Permanent residence address (street name, number, apartment/suite)	

City	Province/State	Country	Postal Code/Zip Code

2.1 Identification methods (select one method):

☐ **a) Verification in person (using an original photo ID)**

You must review the current, valid, and original identification document. Acceptable Canadian documents include a passport, driver's license, or any other photo ID issued by a federal, provincial, or territorial government. An equivalent photo identification issued by a foreign government is also acceptable.

Type of document	Document number	Expiration date (dd-mm-yyyy)	Province or country of issue

☐ **b) Dual process method**

The client must provide two original, valid, and current documents from separate, reliable, and independent sources. This method may only be used if the client does not have valid photo ID or if the verification is done remotely.

Category*	Document type	Reference number	Verification date	Information received (name, address, date of birth, financial account)

**Category A: name and address. Category B: name and date of birth. Category C: name and proof of Canadian deposit or loan account.*

☐ **c) By a third party**

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

Name of the representative who validated the individual's identity: _____

3. Determination of third parties

Examples include: payer, attorney or agent, collateral assignee/mortgage.

3.1 Does the owner act on behalf of, or for, the benefit of another person or entity? Check the box that applies.

☐ No - ***Go to section 4***

☐ Yes - ***If yes, you must complete the form 6991-00A - Determination of third parties.***

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4. Verification of politically vulnerable persons (PVP)

A person may be closely associated with a Politically Vulnerable Person (PVP) – either a Politically Vulnerable Foreigner (PVF), a Politically Vulnerable National (PVN), or a Leader of an International Organization (LIO) – for personal or professional reasons. Examples include:

- Holding a joint insurance policy with a PVP or LIO
- Making a payment of $100,000 or more into an insurance or annuity product whose beneficiary is a PVP or a LIO
- Being the business partner of a PVP or LIO
- Having a personal relationship with a PVP or a LIO
- Conducting financial transactions with a PVP or LIO
- Serving as an important member of the same political party or union as a PVP or LIO
- Sitting on the same board as a PVP or LIO
- Participating in charitable work in close association with a PVP or LIO

4.1 Is the deposit greater than or equal to $100 000? Check the box that applies.

☐ Yes – Proceed to question 4.1.1

☐ No – Go to section 5

4.1.1 Politically Vulnerable Foreigners (PVF)

Does the owner, their spouse or common-law partner, parent or step-parent, child or step-child, sibling or step-sibling, or another person with whom the owner is closely associated hold or has held any of the following positions for a country other than Canada?

- Head of State or Government
- Member of the executive council of a government
- Responsible for a government agency
- President of a Crown corporation or a state-owned bank
- Deputy Minister or equivalent position
- Ambassador, attaché, or adviser to an ambassador
- Judge of the Supreme Court, Constitutional Court, or other court of last resort
- Military officer with the rank of general or higher
- Member of a Legislative Assembly
- Leader or president of a political party
- Head of a government agency represented in a legislature

Owner 1	**Owner 2** (if applicable)
☐ Yes ☐ No	☐ Yes ☐ No

4.1.2 Politically Vulnerable Nationals (PVN)

Does the owner, their spouse or common-law partner, parent or step-parent, child or step-child, sibling or step-sibling, or another person with whom the owner is closely associated hold or has held any of the following positions in **Canada over the past 5 years**?

- General Governor, Lieutenant Governor, or Head of Government
- Member of the Senate or House of Commons, or member of a legislature
- Deputy Minister or equivalent office holder
- Ambassador, attaché, or adviser to an ambassador
- Officer with the rank of general or a superior rank
- Officer with the rank of general or higher rank
- Director of a corporation wholly owned by Her Majesty in right of Canada or a province
- Head of a government agency
- Judge of a provincial court of appeal, the Federal Court of Appeal, or the Supreme Court of Canada
- Leader or president of a political party represented in a legislature
- Mayor

Owner 1	**Owner 2** (if applicable)
☐ Yes ☐ No	☐ Yes ☐ No

4.1.3 Leaders of International Organizations (LIO)

Does the owner, their spouse or common-law partner, parent or step-parent, child or step-child, sibling or step-sibling, or another person with whom the owner is closely associated occupy any of the following positions?

- Leader of an international organization established by the governments of multiple states
- Leader of an institution established by an international organization
- Leader of an international organization or institution established by an international organization who serves as the principal person directing that organization, i.e. its president or chief executive officer

Note: An international organization is defined as an organization created by the governments of multiple states.

Owner 1	**Owner 2** (if applicable)
☐ Yes ☐ No	☐ Yes ☐ No

4.1.4 If you checked "yes" in sections 4.1.1, 4.1.2, or 4.1.3, you must complete the following table. If you checked "no", proceed to section 5.

Name of the owner or co-owner	Name of the politically vulnerable person	Relationship with the owner or co-owner	Position held (see sections i, ii or iii)	Country for which the position was held	Name of the organization	Name of the closely associated person

5. Source of payment and purpose of the product

5.1 Source of funds (Check all that apply)

☐ Salary or earned income ☐ Borrowed funds ☐ Business income ☐ Donations
☐ Inherited funds ☐ Sale of a property ☐ Pension plan ☐ Gift
☐ Other, please specify: _____

5.2 Time horizon

☐ Short term (less than 3 years) ☐ Medium term (3 to 10 years) ☐ Long term (More than 10 years)

5.3 Purpose of the product (Check all that apply)

☐ Estate planning ☐ Important purchase ☐ Income
☐ Studies ☐ Investments ☐ Pension saving
☐ Emergency funds ☐ Other, please specify: _____

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6. Declaration of tax residence for individuals

6.1 Owner 1: Check all that apply

☐ **I am a tax resident of Canada.** Please provide your social insurance number: _____

☐ **I am a tax resident of the United States or an American citizen.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals***.

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals.***

6.2 Co-owner: Check all that apply (if applicable)

☐ **I am a tax resident of Canada.** Please provide your social insurance number: _____

☐ **I am a tax resident of the United States or an American citizen.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals***.

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals.***

7. Owner's declaration

7.1 I declare that the answers to the questions in this form and the statements made therein are accurate and complete and provided in the presence of the representative.

X _____ _____

Signature of owner 1 ***Date of the signature (dd-mm-yyyy)***

X _____ _____

Signature of owner 2 (co-owner) ***Date of the signature (dd-mm-yyyy)***

8. Certificate of the representative who verified the identity of the owner

8.1 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 representative, confirm each of the following:

- All the identification details provided in this form match the original identification documents shown to me in person or remotely.
- I have reviewed the details provided in this form with the owner.
- To the best of my knowledge, all details in this form are full, complete, true, and given to me by the client in a face-to-face meeting.
- If there are reasonable grounds to suspect that there is an undisclosed third party, a politically vulnerable person (PVP), a Politically Vulnerable Foreigner (PVF), a Politically Vulnerable National (PVN), or Leaders of International Organizations (LIO) that has not been referred to but are involved in this transaction, please add details on this form or email us at *investments.retirement@assumption.ca*.
- I took reasonable steps to verify the identity of the legal entity.

X _____ _____

Signature of the representative ***Date (dd-mm-yyyy)***

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9. Assumption Life's declaration

Assumption Life's Privacy Statement for Canada

For Assumption Life the protection of your personal information is a priority. We keep confidential information about you and the products and services you have purchased from our organization, to provide you with investment, insurance and retirement products and services that will help you achieve your financial goals every step of your life. To achieve this, we must collect, use and transmit your personal information for the purposes of pricing, administration, settlement evaluation, fraud protection, identifying errors or misrepresentations, as well as compliance purposes and for regulatory or contractual requirements. It can also help us to inform you about other products and services that could meet your ever-changing needs. The only people who have access to your personal information are our employees, our distribution partners (such as advisors) and third-party service providers, as well as our reinsurers. Anyone you have authorized may also have access to your personal information. In some cases, unless prohibited, these individuals may be established outside of Canada, and your personal information may be governed by the laws of other countries. You may inquire about the information contained in our records about you and, if necessary, ask us in writing to make corrections. To learn more about our privacy practices, visit www.assumption.ca.

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