



**INFORMATION ABOUT THE IDENTITY OF AN OWNER (INDIVIDUAL)**

(For non-registered funds and universal life products)

It is mandatory to complete the section applicable to your client.

**1- VERIFICATION OF THE IDENTITY OF OWNER 1**  
**Please choose one of the 4 identification methods below (a to d)**

First name		Last name		Date of birth (dd-mm-yyyy)	
Profession/profession before retirement/main activity					Sex <input type="checkbox"/> F
					<input type="checkbox"/> M
Permanent residence address (street name and number)				Apartment or suite	
City	Province/State	Country		Postal Code/Zip Code	
Postal address if different from permanent residence address					

**IDENTIFICATION METHODS**

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

For photo identification, you must see the 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 issued the document	Country that issued 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
---	------------------------------	-------------------------------

**c) Dual process method**

The client 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. This representative must sign the agent's declaration at the end of this form.

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

**2- VERIFICATION OF THE IDENTITY OF OWNER 2 (CO-OWNER)**  
**Please choose one of the 4 identification methods below (from a to d)**

First name		Last name		Date of birth (dd-mm-yyyy)	
Profession/profession before retirement/main activity					Sex <input type="checkbox"/> F <input type="checkbox"/> M
Permanent residence address (street name and number)				Apartment or suite	
City	Province/State	Country		Postal Code/Zip Code	
Postal address if different from permanent residence address					

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

For photo identification, you must see the 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 issued the document	Country that issued 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

**c) Dual process method**

The client 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. This representative must sign the agent's declaration at the end of this form.

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

**3- DETERMINATION OF THIRD PARTIES**

Here are some examples of third parties:

- Payer . Attorney or agent Collateral assignee/mortgagee

Does the owner act on behalf of or for the benefit of another person or entity?  Yes  No

If "yes", is the third party:  an individual  an entity? Please complete the applicable section below.

**Individual**

Name		Last name		Date of birth (dd-mm-yyyy)	
Type of third party		Relationship with the applicant/owner		Occupation/occupation before retirement/main activity	
Home address				Apartment or suite	
City		Province/State		Country	
				Postal code	

**Entity**

Name					
Type of third party			Relationship with the applicant/owner		
Main activity (holding companies must disclose the nature of their principal assets, whether passive or active)					
Address				Apartment or suite	
City		Province/State		Country	
				Postal code	
Registration number		Province/Registration status		Country of registration	

If you are unable to obtain certain information for a third party, please explain why below and indicate the measures taken:

**4- VERIFICATION OF POLITICALLY VULNERABLE PERSONS (PVP)**

This section must be completed for each of the individual owners if the lump sum premium is at least \$100,000. For premiums for less than \$100,000, please continue at section 5.

**Closely associated person (PVP = PVF and NPV and LIO):**

A person may be closely associated with a Politically Vulnerable Person "PVP", either because he is a Politically Vulnerable Foreigner ("PVF"), Politically Vulnerable Nationals ("PVN") or a Leader of an International Organization ("LIO") for personal or professional reasons; some examples are set out below:

- She has a joint insurance policy with a PVP or LIO;
- makes a payment of \$100,000 or more into an insurance or annuity product whose beneficiary is a PVP or a LIO;
- She is a business partner with a PVP or LIO. ;
- She is in a relationship with a PVP or a LIO;
- She performs financial transactions with a PVP or LIO;
- She is an important member of the same political party or union as a PVP or LIO;
- Sits on the same board as a PVP or LIO;
- She participates in charity work in close relationship with a PVP or a LIO.

**Politically Vulnerable Foreigners (PVF)**

	Owner 1	Owner 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>i) Does the owner, or his or her spouse or common-law partner, father or mother, step-parent, child, brother or half-brother, sister or half-sister or a person with whom the owner is <u>closely associated</u> with hold or has this person held any of the following positions for a country other than Canada?</b>		
<ul style="list-style-type: none"> <li>• Head of State or Government</li> <li>• Member of the executive council of a government</li> <li>• Responsible for a government agency</li> <li>• President of a Crown corporation or a state-owned bank</li> <li>• Deputy Minister or equivalent position</li> <li>• Ambassador or attaché or adviser to an ambassador</li> <li>• Judge of the Supreme Court, Constitutional Court or other court of last resort</li> <li>• Military officer with the rank of general or higher</li> <li>• Member of a Legislative Assembly</li> <li>• Leader or president of a political party</li> <li>• Head of a government agency represented in a legislature</li> </ul>		

**Politically Vulnerable Nationals (PVN)**

	Owner 1	Owner 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ii) Does the owner, or his spouse or common-law partner, his father or mother, step-father or step-mother, child, brother or half-brother, sister or half-sister or a person with whom the owner is <u>closely associated</u> with currently hold or has this person held any of the following positions in <b>Canada</b> over the <b>past 5 years</b>?</b>		
<ul style="list-style-type: none"> <li>• General Governor, Lieutenant Governor or Head of Government;</li> <li>• Member of the Senate or House of Commons or member of a legislature;</li> <li>• Deputy Minister or equivalent office holder;</li> </ul>		

- Ambassador or 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

**Leaders of International Organizations (LIO)**

<b>Owner 1</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Owner 2</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Does the owner, or his spouse or common-law partner, his father or mother, step-father or step-mother, child, brother or half-brother, sister or half-sister or a person with whom the owner is <u>closely associated</u> occupy one of the following positions?	
<ul style="list-style-type: none"> <li>• Leader of an international organization set up by the governments of different states;</li> <li>• Leader of an institution created by an international organization.</li> <li>• Leader of an international organization or institution created by an international organization who is the principal person directing that organization, i.e. its president or chief executive officer. An international organization is an organization created by the governments of more than one state.</li> </ul>	

a)

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

If the representative is not able to obtain certain information about PVPs, please explain the reason and indicate the actions taken below. You can also send us these details by email to [investments.retirement@assumption.ca](mailto:investments.retirement@assumption.ca).

**5- SOURCE OF PAYMENT AND PURPOSE OF THE PRODUCT**
**Source of Funds (Please fill all applicable boxes)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> salary or earned income     | <input type="checkbox"/> proposer's savings/applicant/owner | <input type="checkbox"/> business income             |
| <input type="checkbox"/> existing investment account | <input type="checkbox"/> borrowed funds                     | <input type="checkbox"/> retirement plan income      |
| <input type="checkbox"/> funds raised by donation    | <input type="checkbox"/> sale of a property                 | <input type="checkbox"/> death benefit or estate     |
| <input type="checkbox"/> inherited funds             | <input type="checkbox"/> Social Security benefits           | <input type="checkbox"/> other (specify below) _____ |

What is the purpose of the product and what will it be used for (whether it is an annuity product that could provide for the payment, at any given time, of periodic payments under the contract)? (Make only one choice.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> saving         | <input type="checkbox"/> liquid reserve     | <input type="checkbox"/> emergency funds             |
| <input type="checkbox"/> vacation funds | <input type="checkbox"/> pension saving     | <input type="checkbox"/> studies                     |
| <input type="checkbox"/> income         | <input type="checkbox"/> legacy/inheritance | <input type="checkbox"/> other (specify below) _____ |

**6- DECLARATION OF TAX RESIDENCE FOR INDIVIDUALS**
**Declaration of residence for tax purposes**

Tick all of the options that apply to you.

 **I am a tax resident of Canada.** If you ticked this box, provide your social insurance number.
 

--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--

  
 If you ticked this box, give your taxpayer identification number (TIN) from the United States.
  Yes     No
   
 If you do not have a TIN from the United States, have you applied for one?

 **I am a tax resident of a jurisdiction other than Canada or the United States.**
  
 If you ticked this box, indicate your jurisdictions of tax residence and taxpayer identification numbers.
   
 If you do not have a TIN for a specific jurisdiction, indicate which of the reasons below applies to you:
   
 Reason 1: I will apply or have applied for a TIN but have not yet received it.
   
 Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.
   
 Reason 3: Other reason.

For this form, "other reason" is enough. However, you still have to tell your financial institution the specific reason.

Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, choose reason 1, 2 or 3.

**Declaration of residence for tax purposes**

Tick all of the options that apply to you.

 **I am a tax resident of Canada.** If you ticked this box, provide your social insurance number.
 

--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--

  
 If you ticked this box, give your taxpayer identification number (TIN) from the United States.
  Yes     No
   
 If you do not have a TIN from the United States, have you applied for one?

 **I am a tax resident of a jurisdiction other than Canada or the United States.**
  
 If you ticked this box, indicate your jurisdictions of tax residence and taxpayer identification numbers.
   
 If you do not have a TIN for a specific jurisdiction, indicate which of the reasons below applies to you:
   
 Reason 1: I will apply or have applied for a TIN but have not yet received it.
   
 Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.
   
 Reason 3: Other reason.

For this form, "other reason" is enough. However, you still have to tell your financial institution the specific reason.

Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, choose reason 1, 2 or 3.



**7- OWNER'S DECLARATION**

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.

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

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 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 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) (Politically Vulnerable Foreigner (PVF), Politically Vulnerable National (PVN) Leaders of International Organizations (LIO) that has not been referred to but is involved in this transaction, please add details on this form or email us at [investments.retirement@assumption.ca](mailto:investments.retirement@assumption.ca).
- I took reasonable steps to identify the identity of the legal entity.
- I was unable to identify this person for the reasons described in the box below:  
(You can also contact us by email at [investments.retirement@assumption.ca](mailto:investments.retirement@assumption.ca) to provide us with these details.)

--

Name of the representative	Name	Representative's code
Signature of the representative		Date of the signature (dd-mm-yyyy)

**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](http://www.assumption.ca).