

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, the financial security advisor/representative must complete this form and make reasonable efforts to determine:

- if there is a third party to this insurance contract/financial account,
- if the policyowner 1/contractholder/investor or the policyowner 2/co-contractholder/co-investor (if applicable) is(are) acting on behalf of a third party (individual, corporation or other type of entity),
- if a third party is making payments for this insurance contract/financial account, or
- if a third party will have the use of the value of the insurance contract/financial account or will have access to it.

When you must determine whether a "third party" is involved, it is not about who "owns" the money, but rather about who gives instructions to deal with the money. If the individual in front of you is acting on someone else's instructions, that someone else is the third party.

For an insurance product: Where the premium payer is a different person or entity from the policyowner(s), the payer is considered a third party and this form must be completed.

For a savings product: When the person or entity making payments in the financial account is different from contractholder/investor or co-contractholder/co-investor (if applicable), that person is considered a third party and this form must be completed.

Sections 1, 2, and 3 must **ALL** be completed.

1. General Information

Full name of policyowner 1/contractholder/investor

Full name of policyowner 2/co-contractholder/co-investor (if applicable)

Contract/Policy/Account No.

2. Determination of the Existence of a Third Party

Is(Are) the policyowner 1/contractholder/investor or the policyowner 2/co-contractholder/co-investor (if applicable) acting on behalf of a third party (individual, corporation or other type of entity) or is there a third party to this contract? Read carefully all the following options and check the appropriate box:

Yes → Indicate the information on the third party at sub-section 2A below

No

I could not determine whether the policyowner 1/contractholder/investor or the policyowner 2/co-contractholder/co-investor (if applicable) is(are) acting on behalf of a third party, but I have reasonable grounds to believe that he/she(they) is(are). → Answer the appropriate question at sub-section 2A below

Is the person or entity paying the premiums/amounts in the insurance/savings product different from the policyowner 1/contractholder/investor or the policyowner 2/co-contractholder/co-investor (if applicable)?

Yes → Indicate the information on the person or entity paying the premiums/amounts at sub-section 2A below

No

2A. Third-Party Identification (if applicable)

Please provide the following information about the third party. If the third party is an entity or a corporation, please provide the full corporate name:

Last name and first name (if the third party is an entity or a corporation, indicate the entity or corporation's name)

Y | Y | Y | Y | M | M | D | D

Date of birth (if the third party is a natural person)

Full permanent residential address

Telephone number

Principal business or occupation: provide complete and detailed information, including job title, field of activity, name of employer and employment status (e.g., salaried employee, owner, self-employed, etc.); if retired, provide the details on the last occupation prior to retirement:

If the third party is a corporation or entity, please indicate below its incorporation number and the place of issuance of its certificate of constitution:

Incorporation number

Place of issuance of its certificate of constitution

What is the relationship between the third party and the policyowner 1/contractholder/investor or the policyowner 2/co-contractholder/co-investor (if applicable)?

If you are not certain that the policyowner 1/contractholder/investor or the policyowner 2/co-contractholder/co-investor (if applicable) is(are) acting on behalf of a third party, but have reasonable doubt to suspect the existence of a third party, please provide details:

3. Declaration of the Financial Security Advisor/Representative

I declare that the information I have provided in this form was obtained directly from the policyowner 1/contractholder/investor and the policyowner 2/co-contractholder/co-investor (if applicable) and is to the best of my knowledge complete and accurate. I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

Full name of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

Signature of the Financial Security Advisor/Representative

Y | Y | Y | Y | M | M | D | D

Date

Scanned or faxed documents received by may be used by in lieu of the original document.

Individual Insurance Products
Customer Service • Phone: 1-800-565-4550 • Fax: 1-866-582-6672
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