

- Politically exposed foreign person
- Third party, corporation or non-corporate entity

When dealing with a politically exposed foreign person (PEFP), an individual submitting an application on behalf of a third party, or a corporation or non-corporate entity, one of the following sections must be completed as applicable and this form must be attached to the application for insurance.

DETERMINATION OF POLITICALLY EXPOSED FOREIGN PERSONS

An individual who holds or has held one of the following offices or positions in or on behalf of a foreign state, including prescribed family members of such an individual, as follows: spouse or common-law partner, child, mother or father, mother-in-law or father-in-law, brother, sister, step-brother or step-sister.

Insured (Last Name, First Name): _____ Policy no. _____

Policyholder (Last Name, First Name): _____

1. What position is/was held by you or a family member in a country other than Canada:

	Yes	No
a) head of state or head of government	<input type="checkbox"/>	<input type="checkbox"/>
b) member of the executive council of government or member of a legislature	<input type="checkbox"/>	<input type="checkbox"/>
c) deputy minister or equivalent rank	<input type="checkbox"/>	<input type="checkbox"/>
d) ambassador or attaché or counsellor of an ambassador	<input type="checkbox"/>	<input type="checkbox"/>
e) military officer with a rank of general or above	<input type="checkbox"/>	<input type="checkbox"/>
f) president of a state-owned company or a state-owned bank	<input type="checkbox"/>	<input type="checkbox"/>
g) judge, leader or president of a political party represented in a legislature	<input type="checkbox"/>	<input type="checkbox"/>

2. Who holds/held the position indicated above? Self Family

3. If the position is/was held by a family member, please provide his/her name and relationship to you:

Last Name, First Name: _____ Relationship: _____

4. Indicate country where the position is/was held?

5. Specify the time period the position was held outside Canada?

From ____ / ____ / ____ to ____ / ____ / ____ (DD/MM/YYYY)

6. What is the source of the payment?

DETERMINATION OF A THIRD PARTY, CORPORATION OR NON-CORPORATE ENTITY

A copy of the Articles of Incorporation and amendments, where applicable, showing the exact legal name, the names of the directors, and a copy of any part of the official corporate records addressing powers to bind the corporation must be attached to this form.

Policyholder (Last Name, First Name): _____ Policy No.: _____

1. Please provide the following information on the individual submitting an application on behalf of a corporation or non-corporate entity or acting on behalf of a third party:

Last Name, First Name _____ Date of Birth (DD/MM/YYYY) _____ Occupation / Title of Position Held _____

Address _____

Identification Document* _____ Document Number _____ Issuing Jurisdiction _____

*Original identification document: Passport, birth certificate, driver's licence, Canadian citizenship (preferably photo ID)..

2. Corporation (In addition to the information contained in Section 1)

Please refer to Articles of Incorporation or similar document.

Official Corporate Name _____

Address _____

Place of Provincial or Federal Incorporation _____ Corporation Registration Number _____

Names of All Directors	Occupation
a)	a)
b)	b)
c)	c)

Names of all individuals who directly or indirectly own or control 25% or more of the shares of the corporation	Occupation	Address

3. Non-Corporate Entity (In addition to the information contained in Section 1))

Please refer to Partnership Agreement, Declaration of Trust, Articles of Association or similar documents.

Official Name of Entity _____

Address _____

Place of Issue _____ Registration Number _____

Type of Document _____

Names of all individuals who directly or indirectly own or control 25% or more of the shares of the corporation	Occupation	Address

I certify that I have verified the identity of the individual who submitted the application by referring to the original documents referred to above and that the information recorded was correctly copied from such documents.

Name of Representative (Please Print) _____ Representative Code _____

Signature _____ Date _____