

Identity verification, third party determination and politically exposed persons (PEP) for individual owners (Investments and Wealth)



Sun Life Financial Investment Services (Canada) Inc., Sun Life Financial Distributors (Canada) Inc., Sun Life Financial Trust Inc., Sun Life Assurance Company of Canada (members of the Sun Life group of companies)

Individual Sole proprietor

Application/contract number

Always verify the identity of Clients and find out whether any third parties are involved. This helps Sun Life and you to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and other relevant legislation/regulations. Refer to the [Instruction page \(4830-1\)](#) to provide guidance on the completion of this form.

Completion of each section is mandatory for all non-registered products, excluding lottery annuities.

1 Identity verification

First name: Applicant/owner/sole proprietor	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Detailed occupation/pre-retired occupation/principal business			
Residential address (street number and name) Note: PO Box and general delivery addresses are not acceptable			Apartment or suite
City	Province/State	Country	Postal/Zip code

Identification method – Complete one of the below methods (A or B). Record all the information; do not attach photocopies.

A) Photo identification

View an authentic, valid and current Canadian passport, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of document	Document number	Document expiry date (dd-mm-yyyy)	Province of issue	Country of issue	Date of verification (dd-mm-yyyy)
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B) Dual process

Refer to information from 2 different reliable source documents that are valid and current. Must collect all information from 2 out of 3 options listed below and confirm that this matches the information provided by the person;

1. Name and address
2. Name and date of birth
3. Name and proof of Canadian deposit account, or Canadian loan account

Note: Detailed information is required in the Source field (e.g., Province of Ontario, Hydro-Québec, CIBC, Bell Canada etc.). Financial entities, utility providers, federal, provincial, territorial, and municipal levels of government are considered reliable sources of information.

Source 1	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)
Source 2	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)

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1 Identity verification (continued)**Additional applicant/owner**

First name: Applicant/owner/sole proprietor	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Detailed occupation/pre-retired occupation/principal business			
Residential address (street number and name) Note: PO Box and general delivery addresses are not acceptable			Apartment or suite
City	Province/State	Country	Postal/Zip code

Identification method – Complete one of the below methods (A or B). Record all the information; do not attach photocopies.

 A) Photo identification

View an authentic, valid and current Canadian passport, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of document	Document number	Document expiry date (dd-mm-yyyy)	Province of issue	Country of issue	Date of verification (dd-mm-yyyy)
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 B) Dual process

Refer to information from 2 different reliable source documents that are valid and current. Must collect all information from 2 out of 3 options listed below and confirm that this matches the information provided by the person;

1. Name and address
2. Name and date of birth
3. Name and proof of Canadian deposit account, or Canadian loan account

Note: Detailed information is required in the Source field (e.g., Province of Ontario, Hydro-Québec, CIBC, Bell Canada etc.). Financial entities, utility providers, federal, provincial, territorial, and municipal levels of government are considered reliable sources of information.

Source 1	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)
Source 2	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)

2 Third party determination

Types of a third party include but are not limited to:

- Payor
- Attorney (Power of Attorney) or Mandatary
- Collateral Assignee/Hypothecary Creditor

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 Both

Individual

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Type of third party	Relationship to applicant/owner	Detailed occupation/pre-retired occupation/principal business	
Residential address (street number and name) Note: PO Box and general delivery addresses are not acceptable			Apartment or suite
City			Province/State
Country		Postal/Zip code	

2 Third party determination (continued)

Entity

Name					
Type of third party			Relationship to applicant/owner		
Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)					
Address (street number and name) Note: PO box and general delivery addresses are not acceptable.					Apartment or suite
City		Province/State	Country		Postal/Zip code
Business telephone number	Ext	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:

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3 Politically exposed persons (PEP)/Head of an international organization (HIO)

To the best of every applicant's/owner's knowledge, has any applicant/owner, their family member or close associate, held any of the following positions? Record all that apply in the chart(s) below.

- Family member means spouse, civil union spouse or common-law partner, children/step children, siblings/half siblings/step siblings of the applicant/owner, biological/adoptive/step parent of the applicant/owner, biological/adoptive/step parent of spouse, civil union spouse or common-law partner.
- Close associate is someone who is closely associated with the applicant/owner, for personal or business reasons. Examples of circumstances that may lead to the determination that someone is closely associated with the applicant/owner include, but are not limited to:
 - Transactions that occur between a PEP or an HIO and the applicant/owner;
 - Business activities between a PEP or an HIO and the applicant/owner;
 - Media coverage linking a PEP or an HIO and the applicant/owner; or
 - A personal relationship such as a romantic relationship or close friendship between a PEP or an HIO and the applicant/owner.

Politically exposed foreign persons (PEFP) – (living or deceased, current or ever held) No Yes

- | | |
|---|--|
| 1. member of the executive council of government | 8. leader (or president) of a political party represented in a legislature |
| 2. president (head) of a state-owned company | 9. head of state |
| 3. president (head) of a state-owned bank | 10. head of government |
| 4. deputy minister (or equivalent rank) in government | 11. head of a government agency |
| 5. ambassador | 12. judge of a supreme court, constitutional court or other court of last resort |
| 6. counsellor of an ambassador | 13. military officer with a rank of general or above |
| 7. attaché | 14. member of a legislature |

Applicant/owner first name		Middle initial	Last name	
First name (PEFP) If not applicant/owner	Middle initial	Last name		Relationship to applicant/owner (PEFP)
Country where position held	Organization or institution		Position held	

3 Politically exposed persons (PEP)/Head of an international organization (HIO) (continued)

Applicant/owner first name		Middle initial	Last name
First name (PEFP) If not applicant/owner	Middle initial	Last name	Relationship to applicant/owner (PEFP)
Country where position held	Organization or institution	Position held	

Politically exposed domestic persons (PEDP) – (living or deceased, current or in the last 5 years) No Yes

- | | |
|--|--|
| 1. governor general | 11. president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province |
| 2. lieutenant governor | 12. head of a government agency |
| 3. member of the senate | 13. judge of an appellate court in a province |
| 4. member of the house of commons | 14. judge of the federal court of appeal |
| 5. member of a legislature | 15. judge of the supreme court of Canada |
| 6. deputy minister (or equivalent rank) in government | 16. leader (or president) of a political party represented in a legislature |
| 7. ambassador | 17. holder of any prescribed office or position |
| 8. counsellor of an ambassador | 18. mayor |
| 9. attaché | |
| 10. military officer with a rank of general or above | |

Applicant/owner first name		Middle initial	Last name
First name (PEDP) If not applicant/owner	Middle initial	Last name	Relationship to applicant/owner (PEDP)
Country where position held	Organization or institution	Position held	

Applicant/owner first name		Middle initial	Last name
First name (PEDP) If not applicant/owner	Middle initial	Last name	Relationship to applicant/owner (PEDP)
Country where position held	Organization or institution	Position held	

Head of an international organization (HIO) – (living or deceased, current or in the last 5 years) No Yes

An individual is an HIO if the individual is the head of an international organization or the head of an institution established by an international organization. An international organization is an organization set up by the governments of more than one country and established by means of a formally signed agreement between those governments.

Examples of international organizations include, but are not limited to:

- North Atlantic Treaty Organization (NATO)
- Organization for Economic Co-operation and Development (OECD)
- International Monetary Fund (IMF)
- World Bank Group
- World Health Organization (WHO)
- La Francophonie

Applicant/owner first name		Middle initial	Last name
First name (HIO) If not applicant/owner	Middle initial	Last name	Relationship to applicant/owner (HIO)
Country where position held	Organization or institution	Position held	

3 Politically exposed persons (PEP)/Head of an international organization (HIO) (continued)

Applicant/owner first name		Middle initial	Last name
First name (HIO) If not applicant/owner	Middle initial	Last name	Relationship to applicant/owner (HIO)
Country where position held	Organization or institution	Position held	

4 Source of payment, purpose of product and source of wealth

4.1 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 funds | <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 benefits | <input type="checkbox"/> other (give details below) |

Other (give details below)

4.2 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)

Complete 4.3 for each applicant/owner that has answered yes to any of the questions in section 3 relating to PEP/PEDP/HIO determination. Record the accumulation of the applicant/owner's source of wealth. This is the origin of a person's total assets that can be reasonably explained, rather than what might be expected. For example, a person's wealth could originate from an accumulation of activities and occurrences.

4.3 Provide your accumulated source of wealth (Select all that apply.)

Applicant/owner first name	Middle initial	Last name
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- | | | |
|--|--|---|
| <input type="checkbox"/> family wealth | <input type="checkbox"/> gifts | <input type="checkbox"/> business income |
| <input type="checkbox"/> inheritance | <input type="checkbox"/> payments from pension or retirement plans | <input type="checkbox"/> sales of business property |
| <input type="checkbox"/> divorce settlement | <input type="checkbox"/> casino or lottery wins | <input type="checkbox"/> salaries, bonuses, commissions |
| <input type="checkbox"/> income from purchase or sale of investments (e.g. from real estate, securities, royalties, patents) | <input type="checkbox"/> other personal assets (e.g. sales of residential properties, artwork) | <input type="checkbox"/> other (give details below) |

Other (give details below)

Applicant/owner first name	Middle initial	Last name
----------------------------	----------------	-----------

- | | | |
|--|--|---|
| <input type="checkbox"/> family wealth | <input type="checkbox"/> gifts | <input type="checkbox"/> business income |
| <input type="checkbox"/> inheritance | <input type="checkbox"/> payments from pension or retirement plans | <input type="checkbox"/> sales of business property |
| <input type="checkbox"/> divorce settlement | <input type="checkbox"/> casino or lottery wins | <input type="checkbox"/> salaries, bonuses, commissions |
| <input type="checkbox"/> income from purchase or sale of investments (e.g. from real estate, securities, royalties, patents) | <input type="checkbox"/> other personal assets (e.g. sales of residential properties, artwork) | <input type="checkbox"/> other (give details below) |

Other (give details below)

5 International tax residency self-certification for FATCA/CRS

- Canadian financial institutions are required under Part XVIII (Foreign Account Tax Compliance Act - FATCA) and Part XIX (Common Reporting Standard - CRS) of the Income Tax Act (Canada) to collect the information you provide on this form to determine if they have to report your financial account to the Canada Revenue Agency (CRA). The CRA may share that information with the government of a foreign jurisdiction that you are resident of for tax purposes. Additionally, if you are a United States person (which includes a United States citizen or resident for tax purposes), the CRA may share your account information with the Internal Revenue Service (IRS).
- We will retain the information collected on this form for our records until you advise us of a change. A change includes information that affects your tax residency outside of Canada, such as a change in address or telephone number. You must notify us within 30 days of all changes and provide us with a new [Tax - Personal information change/correction](#) form.

First name	Middle initial	Last name	Social Insurance Number (SIN)	Date of birth (dd-mm-yyyy)
FATCA Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide a U.S. Taxpayer Identification Number (TIN).			U.S. Taxpayer Identification Number	
CRS Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).				
Jurisdiction of tax residence	If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____			
Taxpayer Identification Number	_____			
Jurisdiction of tax residence	If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____			
Taxpayer Identification Number	_____			

First name	Middle initial	Last name	Social Insurance Number (SIN)	Date of birth (dd-mm-yyyy)
FATCA Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide a U.S. Taxpayer Identification Number (TIN).			U.S. Taxpayer Identification Number	
CRS Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).				
Jurisdiction of tax residence	If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____			
Taxpayer Identification Number	_____			
Jurisdiction of tax residence	If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____			
Taxpayer Identification Number	_____			

6 Applicant/owner declaration

Sun Life Privacy Statement for Canada

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

By signing below, I declare that the answers and statements given to the questions on this form are complete, true and given in the presence of the advisor or non-face-to-face via video conference.

Applicant/owner/sole proprietor signature X	Date signed (dd-mm-yyyy)
Applicant/owner/sole proprietor signature X	Date signed (dd-mm-yyyy)

7 Advisor attestation

By signing below, with the understanding that Sun Life will rely on the information in this form to conduct customer due diligence and to satisfy applicable regulatory requirements, I, the advisor, confirm each of the following:

- if photo identification was used to verify identity, all of the identification details provided in this form match the authentic government photo identification document shown to me in person face-to-face;
- if dual process was used to verify identity, the information I referred to was valid and current and came from 2 different reliable sources. The information referred to matched that of the applicant/owner/sole proprietor.
- I have reviewed the details provided in this form with the applicant/owner/sole proprietor; and
- to the best of my knowledge, all details in this form are complete, true and given to me by the Client face-to-face, or in a non-face-to-face meeting via video conference.

Advisor's first name	Last name	Advisor number rep code
Advisor signature X	Date signed (dd-mm-yyyy)	

Notes:

- If you are not able to make a third party determination but have reasonable grounds to suspect that a third party is involved, describe the reason(s) why you suspect a third party is involved by emailing money.laundering@sunlife.com.
- If there are reasonable grounds to suspect there is an undisclosed PEP or HIO involved, email details to money.laundering@sunlife.com.