

Identity verification and third party determination for entity 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)

Application/contract number

Corporation Partnership Trust Estate Other

Is the applicant/owner a public body (any government department, ministry, crown corporation, city, town or other municipal body); a public hospital; a corporation or trust that is traded on a Canadian stock exchange with net assets of at least \$75 million (this includes a subsidiary of any of these entities whose financial statements are consolidated with those of the parent entity)? Refer to the Instruction page (4831-I) to review the entire text of the relevant sections of the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations, including the definition of 'public body'. No Yes

If yes, the applicant/owner qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations. Completion of sections 5 and 6 is required.

If no, completion of this form is required.

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 \(4831-I\)](#) to provide guidance on the completion of this form.

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

If additional space is required, for any section of this form, please complete and sign an additional copy of this form.

How many copies of this form have been completed for this application/contract?

1 Identity verification

1.1 Complete for entity signing officer/trustee/executor

First name: Entity signing officer/trustee/executor	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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1 Identity verification (continued) **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)

Additional entity signing officer/trustee/executor**1.1 Complete for entity signing officer/trustee/executor**

First name: Entity signing officer/trustee/executor	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)

1 Identity verification (continued)

Additional entity signing officer/trustee/executor

1.1 Complete for entity signing officer/trustee/executor

First name: Entity signing officer/trustee/executor	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)

1.2 Corporation

1.2 a) A corporate search will be conducted to confirm the corporation's existence and director information. Submit the [Certificate of incumbency \(E4207\)](#) form, the [International tax classification for an entity \(4545-E\)](#) form and paper copies of all relevant corporate documents to provide details on the ownership, control and structure of the corporation.

Corporate name			
Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)			
Corporate registration number	Date of incorporation (dd-mm-yyyy)	Province/State of incorporation	Country of incorporation
Is this corporation a not for profit entity? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
Solicits public contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered as a charity with Canada Revenue Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	Canada Revenue Agency Registration number	

1 Identity verification (continued)**1.2 b) Directors of the board**

First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		
First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		
First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		
First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		

1.2 c) Individual shareholders. 100% of the ownership or control of the entity must be accounted for.

First name	Middle initial	Last name
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.		
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
First name	Middle initial	Last name
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.		
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
First name	Middle initial	Last name
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.		
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

1 Identity verification (continued)

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

1.3 Partnership

1.3 a) Submit the [Certificate of incumbency \(E4207\)](#) form, the [International tax classification for an entity \(4545-E\)](#) form and paper copies of all relevant partnership documents to provide details on the ownership, control and structure of the partnership.

Name			
Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)			
Registration number	Province/State of registration	Country of registration	Type of record

1.3 b) Individual partners. 100% of the ownership or control of the entity must be accounted for.

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

1 Identity verification (continued)

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

1.4 Trust or Estate

1.4 a) Submit the [International tax classification for an entity \(4545-E\)](#) form and paper copies of the trust deed or other documents establishing the trust to confirm the existence of the trust. For estates, provide a copy of the will.

Name	Date established (dd-mm-yyyy)	
Document type	Province/State where established	Country where established

1.4 b) Trust/estate beneficiaries

Trust beneficiary/estate beneficiary information			
First name	Middle initial	Last name	
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

Trust beneficiary/estate beneficiary information			
First name	Middle initial	Last name	
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

Trust beneficiary/estate beneficiary information			
First name	Middle initial	Last name	
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

1 Identity verification (continued)**1.4 c) Trust settlor (payor) (required for Trust only)**

Trust settlor (payor) information			
First name	Middle initial	Last name	
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

Trust settlor (payor) information			
First name	Middle initial	Last name	
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

1.5 Other non-corporate entities, including unincorporated not for profit entities

1.5 a) Submit the [Certificate of incumbency \[E4207\]](#) form, the [International tax classification for an entity \(4545-E\)](#) form and paper copies of all relevant non-corporate entity documents to provide details on the ownership, control and structure of the non-corporate entity.

Type of non-corporate entity: <input type="checkbox"/> Unincorporated not for profit <input type="checkbox"/> Other _____			
Name			
Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)			
Date entity established (dd-mm-yyyy)	Document type	Country of registration	Province/State where established
Is this a not for profit entity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Solicits public contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered as a charity with Canada Revenue Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	Canada Revenue Agency Registration number	

1.5 b) Directors of the board

First name: Director	Middle initial	Last name	
Detailed occupation/pre-retired occupation/principal business			
First name: Director	Middle initial	Last name	
Detailed occupation/pre-retired occupation/principal business			
First name: Director	Middle initial	Last name	
Detailed occupation/pre-retired occupation/principal business			
First name: Director	Middle initial	Last name	
Detailed occupation/pre-retired occupation/principal business			

1 Identity verification (continued)

1.5 c) Individual Shareholders (not applicable for unincorporated not for profit entity) 100% of the ownership or control of the entity must be accounted for.

First name	Middle initial	Last name		
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, provide the information below.				
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

First name	Middle initial	Last name		
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, provide the information below.				
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

First name	Middle initial	Last name		
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, provide the information below.				
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

First name	Middle initial	Last name		
Does this person have 25% or more ownership or control of the entity applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, provide the information below.				
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 Entity ownership

Is the entity owner identified in section 1 owned in whole or in part by another entity? No Yes

- If no, proceed to section 3.
- If yes, provide the information below.

100% of the entity ownership or control of the entity must be accounted for.

Completion of an additional form with sections 2, 5 and 6 is required for every additional person or entity that:

- Owns or controls a portion of the entity applicant; or
- Owns or controls all or a portion of any entity that owns the entity applicant

Name of entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Other
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Is this entity an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations? (For corporations/ other only.)

No Yes If yes, completion of section 2 is not required for this entity.

Does this entity have 25% or more ownership or control in the entity applicant or in any entity that owns or controls the entity applicant?

No Yes If yes, complete the applicable sections below for the entity type selected.

2.1 Corporation

2.1 a) A corporate search will be conducted to confirm the corporation's existence. Submit paper copies of all relevant corporate documents to provide details on the ownership, control and structure of the corporation.

Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)			
Corporate registration number	Date of incorporation (dd-mm-yyyy)	Province/State of incorporation	Country of incorporation
Is this corporation a not for profit entity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Solicits public contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered as a charity with Canada Revenue Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	Canada Revenue Agency Registration number	

2.1 b) Directors of the board

First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		
First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		
First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		
First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		

2 Entity ownership (continued)

2.1 c) Individual shareholders. 100% of the ownership or control of the entity must be accounted for.

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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
First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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
First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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
First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

2.2 Partnership

2.2 a) Submit paper copies of all relevant partnership documents to provide details on the ownership, control and structure of the partnership.

Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)		Registration number
Province/State of registration	Country of registration	Type of record

2 Entity ownership (continued)**2.2 b) Individual partners. 100% of the ownership or control of the entity must be accounted for.**

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

2.3 Trust or Estate

2.3 a) Submit paper copies of the trust deed or other documents establishing the trust to confirm the existence of the trust. For estates, provide a copy of the will.

Name	Date established (dd-mm-yyyy)	
Document type	Province/State where established	Country where established

2.3 b) Trustee/estate executor

Trustee or estate executor information			
First name	Middle initial	Last name	
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 Entity ownership (continued)

Trustee or estate executor information			
First name	Middle initial	Last name	
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

Trustee or estate executor information			
First name	Middle initial	Last name	
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

2.3 c) Trust/estate beneficiaries

Trust beneficiary/estate beneficiary information			
First name	Middle initial	Last name	
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

Trust beneficiary/estate beneficiary information			
First name	Middle initial	Last name	
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

Trust beneficiary/estate beneficiary information			
First name	Middle initial	Last name	
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 Entity ownership (continued)**2.3 d) Trust settlor (payor) (required for Trust only)**

Trust settlor (payor) information			
First name	Middle initial	Last name	
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

Trust settlor (payor) information			
First name	Middle initial	Last name	
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

2.4 Other non-corporate entities, including unincorporated not for profit entities

2.4 a) Submit paper copies of all relevant non-corporate entity documents to provide details on the ownership, control and structure of the non-corporate entity.

Type of non-corporate entity <input type="checkbox"/> Unincorporated not for profit <input type="checkbox"/> Other			
Detailed principal business (holding companies must indicate the nature of their principal holding whether active or passive)			Date entity established (dd-mm-yyyy)
Document type	Province/State where established	Country where established	
Is this a not for profit entity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the information below.			
Solicits public contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered as a charity with Canada Revenue Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	Canada Revenue Agency Registration number	

2.4 b) Directors of the board

First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		

First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		

First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		

First name: Director	Middle initial	Last name
Detailed occupation/pre-retired occupation/principal business		

2 Entity ownership (continued)

2.4 c) Individual Shareholders (not applicable for unincorporated not for profit entity) 100% of the ownership or control of the entity must be accounted for.

First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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
First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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
First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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
First name	Middle initial	Last name	
Does this person have 25% or more ownership or control of the entity identified in section 2 above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the information below.			
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

3 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

3 Third party determination (continued)

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	Phone number
City			Province/State	Country	Postal/Zip code

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

4 Source of payment and purpose of product

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)

5 Entity (corporation/partnership/trust/not for profit, etc.) signing officer certification

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, 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 undersigned, confirm that I am duly authorized by the applicant to act on their behalf in responding to questions on this form. I further confirm that, to the best of my knowledge, the information provided is complete, true and given in the presence of the advisor or non-face-to-face via video conference.

Entity signing officer signature (indicate title of signing officer) X	Date signed (dd-mm-yyyy)
Entity signing officer signature (indicate title of signing officer) X	Date signed (dd-mm-yyyy)
Entity signing officer signature (indicate title of signing officer) X	Date signed (dd-mm-yyyy)

6 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 signing officer(s)/trustee(s)/executor(s); and
- to the best of my knowledge, all details in this form are complete, true and given to me by the signing officer(s)/trustee(s)/executor(s) 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)	

Note: 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.