

Third Party Determination Questionnaire

Name of insured:

Certificate Number:

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires the existence of third parties to an insurance application, if any, to be disclosed. The insurance advisor must make every reasonable effort to determine if the insurance applicant is acting on behalf of a third party.

A third party is a person or entity who may have an interest in, or control of the policy either directly or indirectly (for example: a Power of Attorney with control of a policy owner's financial affairs).

This form must be completed for permanent life insurance applications and non-registered annuities. Please complete a separate Questionnaire for each third party associated with this application or certificate.

Is a third party involved with this application for insurance, or will a third party pay the insurance premiums or have the use of, or access to, the certificate's cash value?

☐ Yes ☐ No

If the answer is Yes, please provide the following required information for each third party.

Name of third party

Date of Birth (DD/MM/YY)

Type of third party

Relationship to applicant

Detailed occupation or nature of business

Phone Number

Residential address (street number and name)

City

Province

Postal code

Registration number if third party is a corporation or other entity

Province/country of incorporation

☐ **I am unable to obtain required information for the third party for the following reason.**

I/We confirm that the statements and answers in this document are complete and true.

Certificate owner

Date (DD/MM/YY)

Certificate owner

Date (DD/MM/YY)

Advisor

Date (DD/MM/YY)

Witness

Date (DD/MM/YY)