



Name of life insured:

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires the advisor to make every reasonable effort to determine if the insurance applicant is acting on behalf of a third party and, if one is identified, requires that they be disclosed.

The Canada Protection Plan application (Form 412076 CAN (03/15) provides space to disclose information for the Insured, Owner, Payor and a trustee for a minor beneficiary. Any other third parties associated with a permanent life insurance application must be disclosed on this form.

	nis application for insurance, or the use of, or access to, the policy		☐ Yes ☐ No
If the answer is Yes, please pro	vide the following information f	or each third party.	
Name of the third party		Date of Birth (DD/MM/YY)	
Type of third party	Relationship to app	olicant	
Detailed occupation or nature of busin	ness		
Residential address (street number ar	nd name)		
City	Province	Postal Code	
Registration number if third party is a	corporation or other entity Provin	nce/ country of incorporation	
☐I am unable to obtain require	d information for the third party	v for the following reason.	
		,	
I/ We confirm that the stateme	ent and answers in this docume	nt are complete and true.	
Policy owner		Date of signat	ure (DD/MM/YY)
Policy owner		Date of signat	ure (DD/MM/YY)
Advisor		Date of signat	ure (DD/MM/YY)
Witness		Date of signat	ure (DD/MM/YY)