



This form must be completed whenever a payment for deposit is made where:

- A. The form of payment is other than a cheque drawn on the Applicant/Owner's account or Insured's account (for example: bank draft, money order, non-RBC wire transfer or third-party cheque if the amount exceeds \$10,000);
B. A lump sum payment of \$100,000 or more is made by an individual identified as a Politically Exposed Person (PEP), including both foreign and domestic PEPs, Heads of International Organizations (HIOs) or their family member and close associate pursuant to the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations.

Table with 5 columns: Policy Number, Amount of Payment, Currency, Type of Negotiable Instrument, Date Purchased or Wired (dd/mm/yyyy). Below is a row for Name of Financial Institution.

Applicant/Owner Information

Form fields for Applicant/Owner Information: Name (first or corporate name, middle initial, last name), Date of Birth (dd/mm/yyyy), Street, City, Province, Postal Code, Principal Business or Occupation.

- (a) Is this payment being made on behalf of an individual or entity other than the Applicant/Owner or the Insured? Yes No
(b) Will payments be made to this policy by an individual or entity other than the Applicant/Owner or the Insured? Yes No

If yes to either (a) or (b), please provide details below.

Form fields for Third Party details: Name of Third Party, Date of Birth (dd/mm/yyyy), Principal Business or Occupation, Address (must be a valid civic or street address), Relationship to Applicant/Owner, Incorporation Number, Date of Incorporation, Place of Incorporation.

Purpose of Payment

- Payment options: Premium Payment, Additional Deposit, Loan Repayment, Prepayment of Future Premiums, Other (specify) \_\_\_\_\_

Source of Where Funds Originated

- Source options: Personal Account, Corporate Account, Other (specify source) \_\_\_\_\_

Source of Wealth of the Individual/Entity Initiating the Payment (select all that apply)

- Wealth sources: Inheritance, Investments, Employment Earnings, Other (specify source) \_\_\_\_\_

Complete only for lump-sum payments of \$100,000 or more made by a PEP, HIO or their family member or close associate.

Annual Income \_\_\_\_\_

Primary Source of Income (please select one option below):

- Primary source options: Inheritance, Investments, Employment Earnings, Other (specify source) \_\_\_\_\_

Is Canada the primary country where wealth was derived? Yes No

If no, please list the country or countries where the wealth was derived \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_
(place) (date) (month, year)

Signature of Applicant/Owner\* Signature of 3rd Party (if applicable)

\* If corporate Owner, include the title of the officer with the authority to bind the company, or corporate seal.