



POLICYHOLDER(S)/PAYOR(S) IDENTITY VERIFICATION

This section must be completed in case of a non-registered payment only.

Last Name and First Name of Policyholder/Authorized Signing Officer: _____

Occupation or Type of Business: _____

Document Number: _____

Birth Certificate

Driver's Licence

Passport

Other: _____

Territory of Competence: _____

Date of Birth (YYYY/MM/DD): ____/____/____ American Citizen TIN: _____

Last Name and First Name of Payor, if not the Policyholder: _____

Occupation or Type of Business: _____

Document Number: _____

Birth Certificate

Driver's Licence

Passport

Other: _____

Territory of Competence: _____

Date of Birth (YYYY/MM/DD): ____/____/____ American Citizen TIN: _____

THIRD PARTY DETERMINATION

Is the applicant/owner acting on the instructions of an undisclosed individual or entity?

No Yes (If yes, collect the following information.)

Instructions are provided by: an individual a corporation

another type of entity (please specify): _____

Name of third party: _____

Date of Birth (YYYY/MM/DD): ____/____/____

Relationship to applicant/owner: _____

Address (not only a P.O. box number): _____

Principal occupation or business (be specific): _____

If a corporation is the third party, provide: Incorporation number: _____

Place of incorporation: _____

POLITICALLY EXPOSED FOREIGN PERSONS

This Section must be completed in case of a non-registered lump sum payment of \$100,000 or more.

Have you personally or a member of your family held a senior-level position in a foreign government or organization (political party, army, court of law or state-owned company)? Yes No

If yes, please provide the following information:

Last Name and First Name: _____

Position Held: _____

Relationship: _____

Source of Funds: _____