

Politically Exposed Persons Declaration Form



Canadian anti-money laundering and anti-terrorist financing legislation requires that financial institutions obtain the following information in connection with clients who are politically exposed.

Client Information (Account holder who is politically exposed)

FIRST NAME	LAST NAME	INITIAL
Account Type: <input type="checkbox"/> Residential Mortgage <input type="checkbox"/> Commercial Mortgage <input type="checkbox"/> Equityline Visa <input type="checkbox"/> Secured Visa <input type="checkbox"/> Deposits <input type="checkbox"/> Retail Credit		
ACCOUNT NUMBER (IF KNOWN)		BROKER NUMBER / LICENSE NUMBER (IF KNOWN)

Additional Connections

Are you connected to one or more persons who holds or has held a senior government, political or military position? Yes* No

Are there other persons on this account who are connected to a person who hold or has held a senior government, political or military position? Yes* No

*If yes, please complete a separate form for each connection and/or account holder.

Politically Exposed Person Information

If you are not the person who holds or has held a senior government, political or military position, what is the name of the politically exposed person you are a family member of?

FIRST NAME	LAST NAME	INITIAL
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Indicate the senior government, political or military position held, and if you are a family member or close associate what your relationship to that person is.

OFFICE AND POSITION DESCRIPTION:

- | | |
|---|--|
| <input type="checkbox"/> Head of state or head of government | <input type="checkbox"/> Head of state or head of government |
| <input type="checkbox"/> Member of the executive council of government or member of a legislature | <input type="checkbox"/> President of a state-owned company or a state-owned bank |
| <input type="checkbox"/> Deputy Minister or equivalent rank | <input type="checkbox"/> Judge |
| <input type="checkbox"/> Ambassador or attaché or counsellor of an ambassador | <input type="checkbox"/> Leader or president of a political party represented in a legislature |
| <input type="checkbox"/> Military officer with a rank of general or above | <input type="checkbox"/> Other _____ |

RELATIONSHIP:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Close associate _____ |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse or Common-Law Partner |
| <input type="checkbox"/> Father | <input type="checkbox"/> Spouse's or Common-Law Partner's Mother or Father |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling (Brother, Sister, Half-Sibling, Step-Sibling, Adoptive Sibling) |
| <input type="checkbox"/> Other _____ | |

Title of Position Held _____

In what jurisdiction is/was the position held? _____

During what time period was the position held? Starting year: _____ Ending Year: _____

Declaration

SIGNATURE X	NAME	DATE
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