

CI Anti-Money Laundering Identity Verification Supplement

Application/Contract Number _____ Applicant/Owner Last Name _____ First Name & Middle Initial(s) _____

Is the applicant/owner a public body (any government department, ministry, crown corporation, city, town or other municipal body); a public hospital; or a corporation or trust that is traded on a Canadian stock exchange with net assets of at least \$75 million (this includes a subsidiary of any of these entities whose financial statements are consolidated with those of the parent entity)? No Yes

If yes, the applicant/owner qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations. Completion of sections 5, 6 and 7 is required.

If no, completion of this form is required.

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and for risk management purposes, the identity of clients must be verified and the existence and involvement of any third parties determined. As a result, this form must be completed.

If additional space is required, for any section of this form, please complete and sign an additional copy of this form.

How many copies of this form have been completed for this application/contract? _____

1. Identity Verification: Completion is Mandatory

1.1 Individual, sole proprietor or signing officers of a corporation/partnership/not for profit entity/other non-corporate entity (including trustee or executor)

Provide the information below if the applicant/owner is one of the above.

Last Name: Applicant/Owner/Signing Officer/Trustee/Executor 1 _____ First Name & Middle Initial(s) _____ Date of Birth (MM/DD/YYYY) _____

Detailed Occupation/Pre-Retired Occupation/Principal Business _____

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Identification Method – Complete one of the below methods (A or B). Record all the information.

A) Photo Identification. Do not attach photocopies.

View an authentic, valid and current Canadian passport, driver's licence or document issued by the Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of Document	Document Number	Document Expiry Date (MM/DD/YYYY)	Province of Issue	Country of Issue	Date of Verification (MM/DD/YYYY)

B) Dual Process. You must attach copies of the source documents to this form.

Refer to information from 2 different independent and reliable source documents that are valid and current. Must collect all information from 2 out of 3 options listed below and confirm that this matches the information provided by the person:

1. Name and address 2. Name and date of birth 3. Name and proof of Canadian deposit account, or Canadian loan account

Note: Some examples of acceptable reliable sources would be: federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers. Detailed information is required (i.e. CIBC/Union Gas/BC marriage certificate)

Source 1	Type of Document	Account or Reference Number	Information collected according to method used		Date of Verification (MM/DD/YYYY)
			Name	Date of Birth	
			Address	Financial Account	

Source 2	Type of Document	Account or Reference Number	Information collected according to method used		Date of Verification (MM/DD/YYYY)
			Name	Date of Birth	
			Address	Financial Account	

1. Identity Verification: Completion is Mandatory (continued)

Last Name: Applicant/Owner/Signing Officer/Trustee/Executor 2 First Name & Middle Initial(s) Date of Birth (MM/DD/YYYY)

Detailed Occupation/Pre-Retired Occupation/Principal Business

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Identification Method – Complete one of the below methods (A or B). Record all the information.

A) Photo Identification. Do not attach photocopies.

View an authentic, valid and current Canadian passport, driver’s licence or document issued by the Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of Document Document Number Document Expiry Date (MM/DD/YYYY) Province of Issue Country of Issue Date of Verification (MM/DD/YYYY)

B) Dual Process. You must attach copies of the source documents to this form.

Refer to information from 2 different independent and reliable source documents that are valid and current. Must collect all information from 2 out of 3 options listed below and confirm that this matches the information provided by the person:

- 1. Name and address 2. Name and date of birth 3. Name and proof of Canadian deposit account, or Canadian loan account

Note: Some examples of acceptable reliable sources would be: federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers. Detailed information is required (i.e. CIBC/Union Gas/BC marriage certificate)

Source 1 Type of Document Account or Reference Number Information collected according to method used Date of Verification (MM/DD/YYYY)

Name Date of Birth Address Financial Account

Source 2 Type of Document Account or Reference Number Information collected according to method used Date of Verification (MM/DD/YYYY)

Name Date of Birth Address Financial Account

Last Name: Applicant/Owner/Signing Officer/Trustee/Executor 3 First Name & Middle Initial(s) Date of Birth (MM/DD/YYYY)

Detailed Occupation/Pre-Retired Occupation/Principal Business

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Identification Method – Complete one of the below methods (A or B). Record all the information.

A) Photo Identification. Do not attach photocopies.

View an authentic, valid and current Canadian passport, driver’s licence or document issued by the Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of Document Document Number Document Expiry Date (MM/DD/YYYY) Province of Issue Country of Issue Date of Verification (MM/DD/YYYY)

B) Dual Process. You must attach copies of the source documents to this form.

Refer to information from 2 different independent and reliable source documents that are valid and current. Must collect all information from 2 out of 3 options listed below and confirm that this matches the information provided by the person:

- 1. Name and address 2. Name and date of birth 3. Name and proof of Canadian deposit account, or Canadian loan account

Note: Some examples of acceptable reliable sources would be: federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers. Detailed information is required (i.e. CIBC/Union Gas/BC marriage certificate)

Source 1 Type of Document Account or Reference Number Information collected according to method used Date of Verification (MM/DD/YYYY)

Name Date of Birth Address Financial Account

Source 2 Type of Document Account or Reference Number Information collected according to method used Date of Verification (MM/DD/YYYY)

Name Date of Birth Address Financial Account

1. Identity Verification: Completion is Mandatory (continued)

1.2 a) Corporation (complete section 1.1 for signing officers)

Provide the corporate information below if the applicant/owner is a corporation. A corporate search will be conducted to confirm the corporation's existence. Please attach the Corporate Resolution, International Tax Self-Certification for Entities, and paper copies of all relevant corporate documents to provide details on the ownership, control and structure of the corporation.

Corporate Name _____ Detailed Principal Business (holding companies must indicate the nature of their principal holding whether active or passive) _____

Corporate Registration Number _____ Date of Incorporation (MM/DD/YYYY) _____ Province/State of Incorporation _____ Country of Incorporation _____

Is this corporation a not for profit entity? No Yes **If yes, provide the information below:**

Solicits public contributions? No Yes
Registered as a charity with Canada Revenue Agency? No Yes
Canada Revenue Agency Registration Number _____

1.2 b) Directors of the Board

Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____

Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____

Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____

Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____

1.2 c) Individual Shareholders. 100% of the ownership or control of the entity must be accounted for.

Last Name _____ First Name & Middle Initial(s) _____
Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business _____

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Last Name _____ First Name & Middle Initial(s) _____
Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed occupation/pre-retired occupation/Principal Business _____

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Last Name _____ First Name & Middle Initial(s) _____
Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business _____

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City _____ Province/State _____ Country _____ Postal/Zip Code _____

1. Identity Verification: Completion is Mandatory (continued)

_____ Last Name First Name & Middle Initial(s)
 Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

 Detailed Occupation/Pre-Retired Occupation/Principal Business

 Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

 City Province/State Country Postal/Zip Code

1.2 d) Is the corporation identified in section 1.2 a) above owned or controlled in whole or in part by another entity? No Yes
 If yes, complete section 1.5 for any entity that owns or controls all or a portion of the entity applicant.

1.3 a) Partnership (complete section 1.1 for signing officers)
 Provide the partnership information below if the applicant/owner is a partnership. Please attach the Certificate of Incumbency, International Tax Self-Certification for Entities, and paper copies of all relevant partnership documents to provide details on the ownership, control and structure of the partnership.

_____ Name _____ Detailed Principal Business (holding companies must indicate the nature of their principal holding whether active or passive)

_____ Registration Number _____ Province/State of Registration _____ Country of Registration _____ Type of Record

1.3 b) Individual partners. 100% of the ownership or control of the entity must be accounted for.

_____ Last Name First Name & Middle Initial(s)
 Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

 Detailed Occupation/Pre-Retired Occupation/Principal Business

 Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

 City Province/State Country Postal/Zip Code

_____ Last Name First Name & Middle Initial(s)
 Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

 Detailed Occupation/Pre-Retired Occupation/Principal Business

 Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

 City Province/State Country Postal/Zip Code

_____ Last Name First Name & Middle Initial(s)
 Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

 Detailed Occupation/Pre-Retired Occupation/Principal Business

 Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

 City Province/State Country Postal/Zip Code

1. Identity Verification: Completion is Mandatory (continued)

1.3 c) Is the partnership indicated in section 1.3 a) above owned or controlled in whole or in part by another entity? No Yes
If yes, complete section 1.5 for any entity that owns or controls all or a portion of the entity applicant.

1.4 a) Other non-corporate entities, including trusts, estates and unincorporated not for profit entities (complete section 1.1 for signing officers)

Provide the non-corporate entity information below if the applicant/owner is one of the above entities. Please attach the Certificate of Incumbency (if applicable), International Tax Self-Certification for Entities and paper copies of all relevant non-corporate entity documents to provide details on the ownership, control and structure of the non-corporate entity.

Name _____ Detailed Principal Business (holding companies must indicate the nature of their principal holding whether active or passive) _____
Type of non-corporate entity Trust Estate Unincorporated not for Profit Other _____

Date Entity Established (MM/DD/YYYY) _____ Document Type _____ Province/State where Registered _____ Country where Registered _____

Is this corporation a not for profit entity? No Yes If yes, provide the information below:

Solicits public contributions? No Yes
Registered as a charity with Canada Revenue Agency? No Yes
Canada Revenue Agency Registration Number _____

Directors of the Board (not for profit entity, if applicable)

Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____

1.4 b) Trust or Estate

Provide a copy of the trust deed or other trust instrument (or relevant sections of these documents) to confirm the existence of the trust. For estate, provide a copy of the will.

Trust Beneficiary/Estate Beneficiary Information

Last Name _____ First Name & Middle Initial(s) _____

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Last Name _____ First Name & Middle Initial(s) _____

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Last Name _____ First Name & Middle Initial(s) _____

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

1. Identity Verification: Completion is Mandatory (continued)

Trust Settler (Payor) Information

Last Name First Name & Middle Initial(s)

Detailed Occupation/Pre-Retired Occupation/Principal Business Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Last Name First Name & Middle Initial(s)

Detailed Occupation/Pre-Retired Occupation/Principal Business Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

1.4 c) Individuals that own or control all or a portion of the entity applicant (not applicable for unincorporated not for profit entity). 100% of the ownership or control of the entity must be accounted for.

Last Name First Name & Middle Initial(s)

Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Last Name First Name & Middle Initial(s)

Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Last Name First Name & Middle Initial(s)

Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Last Name First Name & Middle Initial(s)

Does this person have 25% or more ownership or control of the entity applicant? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

1. Identity Verification: Completion is Mandatory (continued)

1.4 d) Is the non-corporate entity indicated in section 1.4 a) above owned or controlled in whole or in part by another entity (not applicable for unincorporated not for profit entities)? No Yes

If yes, complete section 1.5 for any entity that owns or controls all or a portion of the entity applicant.

1.5 a) Entities that own or control all or a portion of the entity applicant, or that own or control all or a portion of an entity that owns or controls the entity applicant

Completion of an additional form with sections 1.5, 5, 6 and 7 is required for every entity that:

• owns or controls all or a portion of the entity applicant

OR

• owns or controls all or a portion of any entity that owns or controls the entity applicant.

Name of Entity

Is this entity an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations? No Yes
(Exempt entity described on the top of Page 1)

If yes, completion of this section is not required.

Does this entity have 25% or more ownership or control in the entity applicant or in any entity that owns the entity applicant? No Yes

If yes, provide the information below.

If this entity is a corporation, provide the information below. A corporate search will be conducted to confirm the corporation's existence.

Detailed Principal Business (holding companies must indicate the nature of their principal holding whether active or passive)

Corporate Registration Number

Date of Incorporation (MM/DD/YYYY)

Province/State of Incorporation

Country of Incorporation

Is this corporation a not for profit entity? No Yes **If yes, provide the information below:**

Solicits public contributions? No Yes

Registered as a charity with Canada Revenue Agency? No Yes

Canada Revenue Agency Registration Number

Directors of the Board

Last Name: Director First Name & Middle Initial(s) Detailed Occupation/Pre-Retired Occupation/Principal Business

Last Name: Director First Name & Middle Initial(s) Detailed Occupation/Pre-Retired Occupation/Principal Business

Last Name: Director First Name & Middle Initial(s) Detailed Occupation/Pre-Retired Occupation/Principal Business

Last Name: Director First Name & Middle Initial(s) Detailed Occupation/Pre-Retired Occupation/Principal Business

Complete section 1.5 b) for any individual shareholders who own all or a portion of the corporation identified in section 1.5 a) above.

Complete section 1.5 on a separate form for any entities that own all or a portion of the corporation identified in section 1.5 a) above.

OR

If this entity is a partnership, provide the information below:

Detailed Principal Business (holding companies must indicate the nature of their principal holding whether active or passive)

Registration Number

Province/State of Issue

Country of Issue

Type of Record

Complete section 1.5 b) for any individual partners who own all or a portion of the partnership identified in section 1.5 a) above.

Complete section 1.5 on a separate form for any entities that own all or a portion of the partnership identified in section 1.5 a) above.

OR

If this entity is a non-corporate entity, including trust, estate or unincorporated not for profit entity, provide the information below:

Detailed Principal Business (holding companies must indicate the nature of their principal holding whether active or passive)

Type of non-corporate entity Trust Estate Unincorporated not for profit Financial Account

Date Entity Established (MM/DD/YYYY)

Document Type

Province/State where Established

Country where Established

1. Identity Verification: Completion is Mandatory (continued)**Is this corporation a not for profit entity?** No Yes **If yes, provide the information below:**

Solicits public contributions? No Yes

Registered as a charity with Canada Revenue Agency? No Yes

Canada Revenue Agency Registration Number**Directors of the Board (Not for Profit Entity, if Applicable)**_____
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business __________
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business __________
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business __________
Last Name: Director _____ First Name & Middle Initial(s) _____ Detailed Occupation/Pre-Retired Occupation/Principal Business _____**Complete section 1.5 b) for any individual partners who own all or a portion of the partnership identified in section 1.5 a) above.****Complete section 1.5 on a separate form for any entities that own all or a portion of the partnership identified in section 1.5 a) above.****1.5 b) Individual shareholders/partners, trustees/executors, trust/estate beneficiaries or individuals. 100% of the ownership or control of the entity must be accounted for.**_____
Last Name _____ First Name & Middle Initial(s) _____

Does this person have 25% or more ownership or control of the entity identified in section 1.5 a) above? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. __________
City _____ Province/State _____ Country _____ Postal/Zip Code __________
Last Name _____ First Name & Middle Initial(s) _____

Does this person have 25% or more ownership or control of the entity identified in section 1.5 a) above? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. __________
City _____ Province/State _____ Country _____ Postal/Zip Code __________
Last Name _____ First Name & Middle Initial(s) _____

Does this person have 25% or more ownership or control of the entity identified in section 1.5 a) above? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. __________
City _____ Province/State _____ Country _____ Postal/Zip Code __________
Last Name _____ First Name & Middle Initial(s) _____

Does this person have 25% or more ownership or control of the entity identified in section 1.5 a) above? No Yes If yes, provide the information below.

Detailed Occupation/Pre-Retired Occupation/Principal Business _____ Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable. __________
City _____ Province/State _____ Country _____ Postal/Zip Code _____

2. Third Party Determination: Completion is Mandatory

Types of a third party include but are not limited to: - Payor - Attorney (Power of Attorney) or Mandatory - Collateral Assignee/Hypothecary Creditor

Is the contract to be paid for by a third party or used by or on behalf of a third party?

No Yes If yes, is the third party an Individual Entity Both

Individual:

Last Name First Name & Middle Initial(s) Date of Birth (MM/DD/YYYY) Type of Third Party

Relationship to Applicant/Owner Detailed Occupation/Pre-Retired Occupation/Principal Business

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Home Phone Number Cell Phone Number Business Phone Number EXT.

Individual:

Last Name First Name & Middle Initial(s) Date of Birth (MM/DD/YYYY) Type of Third Party

Relationship to Applicant/Owner Detailed Occupation/Pre-Retired Occupation/Principal Business

Residential Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Home Phone Number Cell Phone Number Business Phone Number EXT.

Entity:

Name Type of Third Party

Relationship to Applicant/Owner Detailed Principal Business: (holding companies must indicate the nature of their principal holding whether active or passive)

Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Business Phone Number EXT. Registration Number Province/State of Registration Country of Registration

Entity:

Name Type of Third Party

Relationship to Applicant/Owner Detailed Principal Business: (holding companies must indicate the nature of their principal holding whether active or passive)

Address (Street Number and Name) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

Business Phone Number EXT. Registration Number Province/State of Registration Country of Registration

If unable to obtain any required information for any third party, record the measures taken and why you were unsuccessful below:

3. Politically Exposed Persons (PEP)/Head of an International Organization (HIO). Complete for individual applicants (ONLY)

To the best of the applicant's/owner's knowledge, has the applicant/owner, their family member or close associate, held any of the following positions? Record all that apply in the chart(s) below.

- Family member means spouse, civil union spouse or common-law partner, children/step children, siblings/half siblings/step siblings of the applicant, biological/adoptive/step parent of the applicant, biological/adoptive/step parent of spouse, civil union spouse or common-law partner.
- Close associate is someone who is closely associated with the applicant/owner, for personal or business reasons. Examples of circumstances that may lead to the determination that someone is closely associated with the applicant/owner include, but not limited to:
 - Transactions that occur between a PEP or an HIO and the applicant/owner;
 - Business activities between a PEP or an HIO and the applicant/owner;
 - Media coverage linking a PEP or an HIO and the applicant/owner; or
 - A personal relationship such as a romantic relationship or close friendship between a PEP and an HIO and the applicant/owner.

Politically Exposed Foreign Persons (PEFP) – (living or deceased, current or ever held) No Yes

- | | |
|---|--|
| 1. Member of the Executive Council of Government | 8. Leader (or President) of a political party represented in a legislature |
| 2. President (Head) of a State-owned Company | 9. Head of State |
| 3. President (Head) of a State-owned Bank | 10. Head of Government |
| 4. Deputy Minister (or equivalent rank) in Government | 11. Head of a Government Agency |
| 5. Ambassador | 12. Judge of a Supreme Court, Constitutional Court or other Court of last resort |
| 6. Counsellor of an Ambassador | 13. Military Officer with a rank of General or above |
| 7. Attaché | 14. Member of a Legislature |

Applicant/Owner Last Name	First Name & Middle Initial(s)
Last Name (PEFP) If not applicant owner	First Name & Middle Initial(s)
Relationship to Applicant/Owner (PEFP)	Country where Position Held
Organization or Institution	Position Held

Politically exposed domestic persons (PEDP) – (living or deceased, current or in the last 5 years) No Yes

- | | |
|---|--|
| 1. Governor General | 11. President of a Corporation that is wholly owned directly by Her Majesty in right of Canada or Province |
| 2. Lieutenant Governor | 12. Head of a Government Agency |
| 3. Member of the Senate | 13. Judge of an Appellate Court in a Province |
| 4. Member of the House of Commons | 14. Judge of the Federal Court of Appeal |
| 5. Member of the Legislature | 15. Judge of the Supreme Court of Canada |
| 6. Deputy Minister (or equivalent rank) in Government | 16. Leader (or President) of a political party represented in a Legislature |
| 7. Ambassador | 17. Holder of any prescribed office or position |
| 8. Counsellor of an Ambassador | 18. Mayor |
| 9. Attaché | |
| 10. Military Officer with a rank of General or above | |

Applicant/Owner Last Name	First Name & Middle Initial(s)
Last Name (PEDP) If not applicant owner	First Name & Middle Initial(s)
Relationship to Applicant/Owner (PEDP)	Country where Position Held
Organization or Institution	Position Held

3. Politically Exposed Persons (PEP)/Head of an International Organization (HIO) (continued)

Head of an international organization (HIO) – (living or deceased, current or in the last 5 years) No Yes

An individual is an HIO if the individual is the head of an international organization or the head of an institution established by an international organization. An international organization is an organization set up by the governments of more than one country and established by means of a formally signed agreement between those governments. Examples of international organizations include, but not limited to:

- North Atlantic Treaty Organization (NATO)
- Organization for Economic Co-operation and Development (OECD)
- International Monetary Fund (IMF)
- World Bank Group
- World Health Organization (WHO)
- La Francophonie

Applicant/Owner Last Name	First Name & Middle Initial(s)
Last Name (HIO) If not applicant owner	First Name & Middle Initial(s)
Relationship to Applicant/Owner (HIO)	Country where Position Held
Organization or Institution	Position Held

Source of Wealth

Complete this section if the applicant/owner has answered yes to any of the above question relating to PEPD/PEDP/HIO determination.

Record the accumulation of the applicant/owner's source of wealth. This is the origin of a person's total assets that can be reasonably explained, rather than what might be expected. For example, a person's wealth could originate from an accumulation of activities and occurrences.

Provide your accumulated source of wealth (select all that apply)

- | | | |
|--------------------------------|---|---|
| Family Wealth | Payments from pension or retirement plans | Sales of business property |
| Inheritance | Casino or lottery wins | Income from purchase or sale of investments (e.g. from real estate, securities, royalties, patents) |
| Divorce Settlement | Other personal assets (e.g. sales of residential properties, artwork) | Other (provide details): |
| Salaries, Bonuses, Commissions | Business Income | |
| Gifts | | |

4. Source of Payment and Purpose of Product: Completion is Mandatory

4.1 Provide the source of payment for this application/contract. (Select all that apply.)

- | | | | |
|--|---------------------------|-----------------|-----------------------------|
| Salary or earned income | Applicant/owner's savings | Business income | Existing investment account |
| Borrowed funds | Pension income | Gifted funds | Sale of property |
| Proceeds from death benefits or estate | Inherited funds | Social benefits | Other (give details below) |

4.2 What is the purpose and intended use of the product applied for (including an annuity product which may include periodic payments at some point under the contract)? (Select all that apply.)

- | | | | | |
|--------------------|----------------------|----------------|--------------------|----------------------------|
| Savings | Cash Reserves | Emergency Fund | Vacation Fund | |
| Retirement Savings | Educational Purposes | Income | Legacy/Inheritance | Other (Give Details Below) |

5. Applicant/Owner Declaration: Completion is Mandatory

By signing below, I declare that the answers and statements given to the questions on this form are complete, true and given face-to-face in the presence of the advisor or non-face-to-face via Zoom.

Applicant/Owner/Sole Proprietor Signature _____ Date (MM/DD/YYYY) _____

Applicant/Owner/Sole Proprietor Signature _____ Date (MM/DD/YYYY) _____

6. Entity (Corporation/Partnership/Trust/Estate/Not for Profit, etc.) Signing Officer Certification: Completion is Mandatory, if Applicable

By signing below, I, the undersigned, confirm that I am duly authorized by the applicant to act on their behalf in responding to questions on this form. I further confirm that, to the best of my knowledge, the information provided is complete, true and given face-to-face in the presence of the advisor or non-face-to-face via Zoom, with the understanding that CI and ivari will rely on such information to conduct client due diligence and to satisfy applicable regulatory requirements.

Entity Signing Officer Signature (Indicate Title of Signing Officer)

Date (MM/DD/YYYY)

Entity Signing Officer Signature (Indicate Title of Signing Officer)

Date (MM/DD/YYYY)

Entity Signing Officer Signature (Indicate Title of Signing Officer)

Date (MM/DD/YYYY)

7. Advisor Attestation: Completion is Mandatory

By signing below, with the understanding that CI and ivari will rely on the information to conduct client due diligence and to satisfy applicable regulatory requirements, I, the advisor, confirm each of the following:

- If photo identification was used to verify identity, all of the identification details provided in this form match the authentic government photo identification document shown to me in person face-to-face;
- If dual process was used to verify identity, the information I referred to was valid and current and came from 2 different reliable sources. The information referred to matched that of the applicant/owner/sole proprietor.
- I have reviewed the details provided in this form with the applicant/owner/sole proprietor/entity signing officer(s)/trustee(s)/executor(s).
- To the best of my knowledge, except as noted below, all details in this form are complete, true and given to me by the applicant/owner/sole proprietor/entity signing officer(s)/trustee(s)/executor(s) face-to-face or in a non-face-to-face meeting via Zoom.

Advisor Name

Advisor Signature

Dealer No./Rep. No.

Date (MM/DD/YYYY)

- If you are not able to make a third party determination but have reasonable grounds to suspect that a third party is involved describe the reason(s) why you suspect a third party is involved below.
- If there are reasonable grounds to suspect there is an undisclosed PEP or HIO provide details below.

I, the advisor, suspect that there is an undisclosed third party, HIO or PEP involved. (give details below)

CI INVESTMENTS INC.'S PRIVACY NOTICE

CI Investments Inc. doing business under the registered business name of CI Global Asset Management ("CI GAM", "we", "our", "us") are committed to respecting and protecting the privacy and confidentiality of the information you have entrusted with us. This Privacy Notice outlines how we collect, use, disclose, store and safeguard your personal information.

WHAT INFORMATION DO WE COLLECT?

We collect information, including sensitive personal information, such as social insurance number, required to establish and service your accounts in compliance with federal and provincial laws as well as our financial self-regulatory organization requirements. We maintain audio recordings of in-coming and outgoing telephone calls. You may access our full Privacy Policy Notice online at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html. If you choose to interact with us online via our web portal or through e-mail, we will monitor and record your usage information (please see our Online and Mobile Privacy Policy at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html for additional details).

HOW DO WE COLLECT INFORMATION?

We collect information directly from you or from your authorized representative(s), such as your financial advisor or their dealership. Depending on how you choose to do business with us, this information may be collected on applications, forms, over the phone, in person, through the internet, through your mobile device or through other forms of communication. We also collect information about you indirectly where permitted by law. We limit the collection of information to what is necessary to fulfill the purpose for which the information is collected.

HOW DO WE USE THE PERSONAL INFORMATION WE COLLECT?

In addition to the purposes set out in our full Privacy Policy Notice (www.cifinancial.com/ci-gam/ca/en/legal/privacy.html), we may use your information to:

- I. Provide and manage products and services you have requested, including to:
 - a) Open and operate your account,
 - b) Verify your identity,
 - c) Execute your transactions,
 - d) Record and report account status back to you,
 - e) Provide personalized service and support, and
 - f) Respond to any request or questions you may have.
- II. Understand our customers and to develop and tailor our products and services by performing data analytics to:
 - a) Determine suitability of products and services for you,
 - b) Determine your eligibility for certain of our products or services of others,
 - c) Communicate with you about products and services that may be of interest,
 - d) Provide you with quality individualized client service and support, and
 - e) Market and advertise to clients and prospective clients.
- III. Legal and Regulatory Obligations
 - a) Provide all required tax reporting,
 - b) Comply with legal, regulatory, and contractual requirements, or as otherwise permitted by law,
 - c) Fulfill obligations under federal anti-money laundering and suppression of terrorism legislation,
 - d) Meet obligations as a member of various self-regulatory organizations,
 - e) Protect our interests, including recovering any debts you may owe us, and
 - f) Protect against fraud and other crime and to manage risk, including conducting investigations and proactive crime prevention measures.

We do not sell or rent client lists or personal information to third parties.

DISCLOSURE OF YOUR PERSONAL INFORMATION

Employees or authorized representatives of CI Investments Inc. ("CI GAM"), who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. We share your personal information with CI Financial company affiliates, such as Assante Wealth Management (Canada) Ltd. ("AWM"), CI Private Counsel LP, ("CIPC"), CI Investment Services Inc. ("CIIS"), and WealthBar Financial Services Inc. ("WealthBar") and their subsidiaries where necessary to administer and service your account.

We provide your information to third parties, including:

- Third party service providers for the servicing purposes described above – We do not authorize our service providers to use or disclose the personal information for their own marketing or other purposes. We engage service providers pursuant to a written agreement which requires them to protect personal information with equivalent safeguards that we would use. Our service providers may be located in Canada or other jurisdictions or countries and may disclose information in response to valid demands or requests from governments, regulators, courts and law enforcement authorities in those jurisdictions or countries in accordance with the applicable law in that jurisdiction or country. For more information on our information sharing practices, please contact our Privacy Officer.
- To governments, government agencies, regulators, including self-regulatory authorities, when required or permitted to do so by law, including in response to a search warrant, court order, or other demand or inquiry which we believe to be valid.
- To your financial advisor and their dealership where necessary to administer and service your account.
- To your legal representatives and/or with other third parties at your direction for the purposes which you specify at the time of the direction.
- To financial institutions, securities dealers and mutual fund companies where necessary to administer and service your account.
- To protect our interests, we may disclose information to any person or organization, including an investigative body, in order to prevent, detect or suppress, financial abuse, fraud, criminal activity, protect our assets and interests, or manage or settle any actual or potential loss or in the case of a breach of agreement or contravention of law.
- We may also disclose information to help us collect a debt owed to us.
- In the event of a transfer of a business, we may buy or sell a business (or evaluate those transactions) which would result in certain personal information forming business assets that would be purchased or sold as part of a transfer.
- We may transfer personal information as part of a corporate reorganization or other change in corporate control.
- In other situations where we have your consent, for instance, sharing your information with a joint account holder.

Information collected will be communicated outside of Quebec, both within Canada and other jurisdictions or countries and we may disclose information in response to valid demands or requests from governments, regulators, courts and law enforcement authorities in those jurisdictions or countries in accordance with the applicable law in that jurisdiction or country.

PROTECTING INFORMATION

We maintain appropriate physical, electronic, technological, procedural, and organizational safeguards to protect against unauthorized access, disclosure, copying, use or modification, theft, misuse, or loss of your personal information in our custody or control. These safeguards are appropriate to the sensitivity of the information, the purposes for which it is used, the quantity and distribution of the personal information and the medium on which we (or our service providers) store it. We limit access to your personal information to the employees and agents who require it for the purposes of their role. Your personal information is only used for the purposes for which it was collected

USE OF PERSONAL INFORMATION NOTICE

or where permitted by law. We store personal information for as long as is necessary to achieve the purposes for which it was collected or in accordance with applicable law.

ACCESSING OR CORRECTING INFORMATION

We are committed to being transparent and providing you with choices about how your information is used. You may inform us of your preferences by registering for our client web portal [Investor Online] online at www.ci.com and accessing the Privacy Preferences page. If you are unable to register online, you may also contact our client services via phone at 1-800-268-9374 or by e-mail to service@ci.com.

To correct or access your information, we encourage you to contact our Client Services department, access our Online web portal or consult your periodic statements. However, you do have the right to access and correct your personal information, or to find out to whom we have disclosed it. To make a formal request for access or correction, please send a written request addressed to the Privacy Officer, 15 York Street, 4th Floor, Toronto, ON, M5J 0A3. Please include your full name, address, telephone number, and account number(s) on all correspondence to us and provide enough detail to allow us to identify the information you want to access or correct.

REVOKING CONSENT

You may withdraw your consent for the collection, use and disclosure of your personal information at any time by forwarding a written request to the Privacy Officer. Please include your full name, address, telephone number and account number(s) on any correspondence to us. However, there are certain times when you may not withhold or revoke your consent including certain legal, regulatory, or contractual requirements. We must receive reasonable notice of your request in order to honour your consent withdrawal. Your decision to withhold or revoke your consent may limit the products and services that we may provide to you and may require you to close your accounts with us.

OUR PRIVACY OFFICE

If you have any questions or concerns about our privacy practices, the privacy of your personal information, or you want to change your privacy preferences, please contact our Privacy Officer. For changes to your privacy preferences please be reminded that you may update your selection by accessing the Privacy Preferences page of our web portal. We are committed to helping resolve your questions or concerns.

CI Investments Inc. Privacy Officer, 15 York Street, 4th Floor, Toronto, ON, M5J 0A3



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