

Politically Exposed Persons Declaration Form



Please complete this form to provide the required information related to Politically Exposed Persons (PEPs), which includes Heads of an International Organization (HIO), a domestic PEP, a foreign PEP, a family member or a close associate of a PEP.

For each individual connected to this account that is a PEP, HIO, family member or close associate, please complete a separate form.

Client Information (Provide your client/account information)

SECTION 1	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"/> Credit Card <input type="checkbox"/> Deposit <input type="checkbox"/> Retail Credit		
	ACCOUNT NUMBER (IF KNOWN)	CURRENT OCCUPATION	CURRENT EMPLOYER

Client Connection to the PEP

SECTION 2	Indicate your relationship to the PEP:	
	<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Other _____	<input type="checkbox"/> Close associate* _____ <input type="checkbox"/> Spouse or Common-Law Partner <input type="checkbox"/> Spouse's or Common-Law Partner's Mother or Father <input type="checkbox"/> Sibling (Brother, Sister, Step-Sibling)
	* Please specify the type of relationship with the PEP (e.g., business partner, board member, personal relationship etc.)	

If you are not the person who holds or has held the above position, what is the name of the PEP you are a family member of or close associate to?

LAST NAME	FIRST NAME	INITIAL
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PEP Details

SECTION 3	Select the position that you, a family member or close associate currently hold or have held:	
	<input type="checkbox"/> Head of an international organization <input type="checkbox"/> Governor general, lieutenant governor or head of state/government <input type="checkbox"/> Member of the executive council of government or member of a legislature <input type="checkbox"/> Member of Senate or House of Commons or member of a legislature <input type="checkbox"/> Deputy minister or equivalent rank <input type="checkbox"/> Leader or president of a political party represented in a legislature <input type="checkbox"/> Ambassador or attaché or counsellor of an ambassador <input type="checkbox"/> Military officer with a rank of general or above	<input type="checkbox"/> Head of a government agency <input type="checkbox"/> President of a state-owned company or a state owned bank <input type="checkbox"/> President of a corporation that is wholly owned directly by Her Majesty of Canada or province <input type="checkbox"/> Judge* <input type="checkbox"/> Canadian mayor <input type="checkbox"/> Other _____
	* Refers to a judge of a supreme court, constitutional court or other court of last resort (foreign judge); a judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada (domestic judge)	

Title of position held Domestic Foreign _____

At what level of government is/was the position held? Municipal Provincial Federal HIO

Details about PEP position _____

When was the position held? Starting year _____ Ending Year _____

Client Source of Wealth Information

SECTION 4	Please provide information about your source of wealth, and source of funds to be used for the product selected above, as required by legislation.	
	Source of funds (please check all applicable boxes):	
	<input type="checkbox"/> Business for Self <input type="checkbox"/> Salaried Employment <input type="checkbox"/> Savings/Investment <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of Real Estate <input type="checkbox"/> Other _____	<input type="checkbox"/> Current Net Worth (approximation) \$ _____ Annual Income (estimate) \$ _____

Expected activity over the next 12 months: \$0-\$150,000 +\$150,000 Unknown

Tell us about how your net worth has been accumulated over time:

Declaration

SECTION 5	I confirm that the information provided by me is true and accurate.		
	SIGNATURE X	NAME	DATE (MM/DD/YY)