

Verification of identity package

The forms contained in this package are to be completed if you are not able or it is not convenient to have an in person verification of your identity performed with an authorized representative (any individual who is employed by Great-West Life group retirement services or is a financial security advisor who is contracted to do business with Great-West Life or London Life). This identification process is required to comply with anti-money laundering legislation for your non-registered plan.

The *Certification of personal identity of member by guarantor* form requires that you have a guarantor who is engaged in a specified profession certify your identity. Complete Part A of the form with the requested information and then proceed to obtain certification of your identity as follows:

1. Take a legible photocopy of a valid personal identification document (see point 2 below) that has not expired as well as the original document to a guarantor (see point 3 below) for certification. Both the front and back of the original document, where applicable, are to be shown on a single photocopy. This photocopy is to be attached to the certification form.
2. Personal identification documents include: your birth certificate, driver's license, passport, permanent resident card, or other similar document. Documents must be valid and not expired. A preferred document is one that has your photo and signature on it. It must have a unique identification number, and have been government-issued.

Note: The first and last name on the personal identification document must be an exact match to the first and last name provided on the member application.

3. Ask a guarantor to certify your identity under Part B of the form. A guarantor must be a person engaged in one of the following professions in Canada:

| | | | | |
|----------------|-------------|--------------|--------------------|---|
| Dentist | Judge | Pharmacist | Lawyer | Professional accountant (APA, CA, CGA, CMA, PA or RPA) |
| Medical Doctor | Magistrate | Veterinarian | Notary (Quebec) | Professional Engineer (P.Eng., Eng.) |
| Chiropractor | Optometrist | | Notary Public | Commissioner of oaths |

The *Authorization to confirm banking information* form is to be completed by you and will authorize us to contact your financial institution to confirm the information you have provided. Additional details regarding the completion of this form can be found on the form. Note that your financial institution may charge you for this service. Contact your financial institution for details.

Both the *Certification of personal identity of member by a guarantor* and the *Authorization to confirm banking information* forms must be returned to Great-West Life once completed.

**Certification of
personal identity
of member by guarantor**
(Required to comply with anti-money
laundering legislation)

Return to Great-West Life

1-800-724-3402

PART A (to be completed by the member, please print)

EMPLOYER/PLAN SPONSOR INFORMATION

| | |
|-------------------------------|--------------------|
| Name of employer/plan sponsor | Policy/plan number |
|-------------------------------|--------------------|

MEMBER INFORMATION

| | | | |
|-----------|---------|------------|--------------------|
| Last name | Initial | First name | Certificate number |
|-----------|---------|------------|--------------------|

| | |
|--|--|
| Address (apt. no., street no., street, city, province, postal code) | Purpose of joining the plan (maximum two choices) |
| <small>IMPORTANT – if address includes a PO Box, General Delivery or Rural Route, also include the civic or street address</small> | <input type="checkbox"/> Short-term savings <input type="checkbox"/> Long-term savings <input type="checkbox"/> Estate planning/protection <input type="checkbox"/> Retirement fund <input type="checkbox"/> Other (specify) _____ |

Source of funds (indicate where funds originated or how they were acquired, it is not sufficient to indicate bank account or savings)

Employment income Inheritance Sale of property/house Gift
 Household income (specify source) _____ (e.g. spouse's earnings)
 Other (provide detailed description) _____

Are you currently employed?

- Yes. Provide employment details under **Currently employed**.
 No. Provide details under **Not currently employed**.

Currently employed:

| | |
|---|-------------------------------|
| Detailed occupation/job title | Nature of responsibilities |
| Employer (if different from plan sponsor) | Nature of employer's business |

Not currently employed:

Check one of the following: Unemployed Retired Student Homemaker

Other: please specify _____

| | |
|---|--|
| Previous employer (complete if previously employed or retired) | Previous employer's business (complete if previously employed or retired) |
|---|--|

THIRD PARTY INFORMATION

Is or will a third party be involved with the plan (third party can be an individual or an entity such as a corporation, trust or partnership)? A third party includes any individual or entity who will contribute to the plan, provide instructions for the plan or have the use of, or access to, the funds under the plan.

- No. No further information is required under the Third party information provisions.
 Yes. Complete the information below.

Indicate type of third party (if there is more than one third party, please use a separate page to record information for each additional third party)

- attorney (power of attorney)/mandatary payor (includes any person who will be making lump sum contributions)
 trustee executor collateral assignee/hypothecary creditor
 other: _____

| | | | | | |
|---|------------------------|--|--|---|--|
| Name of third party (individual or entity) | Relationship to member | Date of birth (if third party is an individual) yyyy mm dd | Incorporation number (if third party is an corporation, otherwise provide registration number for other entities) | Nature of business (if third party is an entity) | Type of entity (if applicable) |
| Address (apt. no., street no., street) | | City | Province | Postal code | Place of incorporation (if applicable) |

IMPORTANT – if address includes a PO box, general delivery or rural route, also include the civic or street address.

Certification of personal identity of member by guarantor

THIRD PARTY INFORMATION (continued)

If the third party is an individual, complete the below:

Is the third party currently employed?

- Yes. Provide employment details under **Currently employed.**
- No. Provide details under **Not currently employed.**

Currently employed:

| | |
|-------------------------------|-------------------------------|
| Detailed occupation/job title | Nature of responsibilities |
| Employer | Nature of employer's business |

Not currently employed:

Check one of the following: Unemployed Retired Student Homemaker
 Other: please specify _____

| | |
|---|--|
| Previous employer (complete if previously employed or retired) | Previous employer's business (complete if previously employed or retired) |
|---|--|

If the third party (individual or entity) will be contributing to the plan, provide the following information:

Source of funds (indicate where the funds originated or how they were acquired, it is not sufficient to indicate bank account or savings)

If the third party is an individual, select from the following options:

- Employment income Household Income – please specify source _____ (e.g. spouse's earnings)
- Inheritance Sale of property/house Gift
- Other (provide detailed description _____)

If the third party is an entity, select from the following options:

- Earnings Endowment Charitable donations Sale of property Gift
- Other (provide detailed description _____)

If unable to obtain information on third parties that has been requested above, give reasons why below:

SIGNATURE

To the best of my knowledge, I confirm the information provided is complete and accurate and will update it in the future if the information changes.

Signature of member

Date

PART B – to be completed by the guarantor (person certifying the identity of the member, please print)

CERTIFICATION OF IDENTITY OF MEMBER

I _____
(name of guarantor)

have certified the identity of the member indicated under Part A and certify that the photocopy of the personal identification document attached to this form is a true copy of the original document (or of its relevant, identifying parts), as that original document, in its entirety, was shown to me, an unexpired:

_____ (type of identification document e.g. birth certificate, passport, driver's licence used)

with issue number _____
(issue or serial number of document)

and bearing the name of: _____
(name of member, e.g., driver shown on driver's licence)

As a final step, sign and date the photocopy of the identification document and write "Certified to be a true copy."

Signature

Date

Address of guarantor:

Street and number: _____

Town/City: _____

Province and postal code: _____

Profession in which I am engaged (in Canada): _____

**Authorization to
 confirm banking information**

Return to Great-West Life

1-800-724-3402

This form is to be used in combination with the *Certification of personal identity of member by guarantor* form when a member of a non-registered group retirement plan is required to provide proof of identity and identification in person is not possible or convenient. Signing this form will provide authorization for Great-West Life to contact the applicable Canadian financial institution to confirm the banking information provided. Financial institutions may charge for this service and should be contacted for details.

To be completed by the member (please print):

| EMPLOYER/PLAN SPONSOR INFORMATION | | | |
|--|---------|------------|--------------------|
| Name of employer/plan sponsor | | | Policy/plan number |
| | | | |
| MEMBER INFORMATION | | | |
| Last name | Initial | First name | Certificate number |
| | | | |

Please attach a void cheque or provide information about your Canadian financial institution and account below

| FINANCIAL INSTITUTION AND ACCOUNT INFORMATION | | |
|--|---|-----------------------|
| Financial institution name | Address of financial institution (include street address, city, province and postal code) | Account number |
| | | |

I, the member, give consent to Great-West Life to contact the financial institution noted above to confirm the information provided on this form for the purposes of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada). I also consent to this form being released to my financial institution for purposes of verifying my authorization.

Signed at _____
 City Province

Date _____

Signature of member _____