

**Personal identification by an
authorized representative**

Return to Great-West Life

1-800-724-3402

This form is to be used to perform the verification of the personal identity for an individual making a lump sum contribution to a non-registered savings plan. In accordance with anti-money laundering legislation, lump sum contributions cannot be accepted until the verification of identity process has been completed. The verification must be performed in person by an authorized representative.

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

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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MEMBER INFORMATION

Last name	Initial	First name	Certificate number
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Address (apt. no., street no., street, city, province, postal code)	Purpose of joining the plan (maximum two choices)
IMPORTANT – if address includes a PO Box, General Delivery or Rural Route, also include the civic or street address	<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	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)
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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. Proceed with the verification of identity of the member.
- 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				

Personal identification by an authorized representative (continued)

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)
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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 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 (please print))

VERIFICATION OF IDENTITY

IDENTIFICATION OF MEMBER: In compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada), I have verified the identity of the member and confirmed the information indicated below.

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 form.

The source of verification was:

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's license	<input type="checkbox"/> Other: _____
Issue date: ____ / ____ / ____ yyyy mm dd	Issue date: ____ / ____ / ____ yyyy mm dd	Issue date: ____ / ____ / ____ yyyy mm dd	Issue date: ____ / ____ / ____ yyyy mm dd
Expiry date: ____ / ____ / ____ yyyy mm dd	Expiry date: ____ / ____ / ____ yyyy mm dd	Expiry date: ____ / ____ / ____ yyyy mm dd	Expiry date: ____ / ____ / ____ yyyy mm dd

Issuing jurisdiction _____ Document # _____

Authorized representative name (please print) _____
 Authorized representative company name (please print) _____
 Company location (city, province) (please print) _____

 Signature of authorized representative Date