

**Name of life insured:**

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires the advisor to make every reasonable effort to determine if the insurance applicant is acting on behalf of a third party and, if one is identified, requires that they be disclosed.

The Canada Protection Plan application (Form 412076 CAN (03/15) provides space to disclose information for the Insured, Owner, Payor and a trustee for a minor beneficiary. Any other third parties associated with a permanent life insurance application must be disclosed on this form.

**Is a third party involved with this application for insurance, or will a third party pay the insurance premiums or have the use of, or access to, the policy's cash value?**

☐ Yes ☐ No

**If the answer is Yes, please provide the following information for each third party.**

Name of the third party Date of Birth (DD/MM/YY)

Type of third party Relationship to applicant

Detailed occupation or nature of business

Residential address (street number and name)

City Province Postal Code

Registration number if third party is a corporation or other entity Province/ country of incorporation

☐ **I am unable to obtain required information for the third party for the following reason.**

**I/ We confirm that the statement and answers in this document are complete and true.**

Policy owner Date of signature (DD/MM/YY)

Policy owner Date of signature (DD/MM/YY)

Advisor Date of signature (DD/MM/YY)

Witness Date of signature (DD/MM/YY)