

LIFE & INVESTMENT APP CHECKLIST (12/2016)

This checklist is divided into sections, to be completed based on product & information on app.

Section 1 – Review all applications, to ensure sufficient information on the application for processing to begin.

Section 2 – Review high risk AML indicators and complete section as required based on review of information on application. The purpose is to identify AML risks and escalate concerns; ensure AML requirements are met and adequate MGA AML records are created.

Section 3 – advanced AML identification information for product owners other than individuals.

Missing information is not to be added to the application by staff. Ask advisor for missing information by email (template wording is available), attach a copy of the reply email to the application, and diarize email string on file.

Information about the coverage, owner & broker:

Individual		Investment		Plan name, coverage amt. & policy #:
Corporate		Inforce change*		Owner name:
Licence		E&O		Broker:

*changes in owner, banking, payor, coverage additions, conversions, reinstatement, or dump-in/additional deposit of \$10,000 or more

Section 1:	Circle one
a) Is there a valid advisor Code/Branch Code on application or Policy # on the change application?	Y/N
b) Required Insured/Annuitant/Owner Client Information: Name/BIN if Corporate owner Address (full civic address) DOB Citizenship (Insured only) Owner relationship to insured if other than insured.	Y/N Y/N Y/N Y/N Y/N
c) Is application signed, dated and witnessed? Is 'signed at location' completed? Must be in province of License	Y/N
d) Owner's name is preprinted on cheque (If 'No', possible Third Party Form required) Temporary Insurance question completed (always submit cheque to Carrier)	Y/N Y/N
e) Advisor met with client, appropriate signatures obtained - insured, owner & advisor signatures (including witness) If 'No', dis-interested third party witnessed signature App is a new 'NF2F' app	Y/N Y/N Y/N
f) FATCA question answered by owner (for insurance that holds cash value & non-registered investments) Non-U.S. financial institutions must identify & report information to the IRS on certain financial accounts held outside the U.S. by U.S. Persons.	Y/N
For life applications only	
g) Illustration & fund allocation match the app (illustration mandatory for UL and WL) Application indicates which coverage is being applied for	Y/N Y/N
h) Medical authorization section signed. If MIB slip is attached, return to advisor.	Y/N
i) Insurance is replace existing insurance coverage (excluding group, mortgage or creditor insurance) If 'Yes', signed LIRD form attached, and in ON additional signed explanatory letter attached	Y/N Y/N
For investments only	
j) Product Type and plan: plan is open to new deposits; fund codes match product type & class Fund minimums are met: allocation equals 100%; PAC instructions provided Transfers: check values, guarantees AND DSC's (with no reimbursement) on transfers within dealer	Y/N Y/N Y/N
k) Spousal Contributor, Successor Annuitant, Joint Life and Joint or Successor Owner details	Y/N
l) RRIF and LIF: proof of age, payout instructions, tax type, payment start date, void, spousal section for LIF (note: RIF/LIF minimum payment cannot be paid out in the YEAR plan set up)	Y/N

Continue to Sections 2(over) for term conversions, UL, WL, non-registered investments and annuities.

Section 2:

Escalate any concern, especially if:

- any information cannot be obtained or record established, or
- the existence of entities or ownership cannot be confirmed

Discuss with your office leader/business consultant who will provide direction. Document at bottom of form, attaching a separate page or email if needed.

Indicators of potential AML risk:

High risk products include: <ul style="list-style-type: none"> • Permanent life – UL, any whole life with cash values • Non-registered investments • Immediate and deferred annuities 	High risk clients & occupations include: <ul style="list-style-type: none"> • Lawyers, doctors • Clients in cash intense businesses (variety store, restaurant)
High-risk advisor &/or pattern of transactions: <ul style="list-style-type: none"> • Term conversions to products with cash values • Charitable policies • Transfers of products from individuals to corporations 	High risk Carriers include: <ul style="list-style-type: none"> • Desjardins, Blue Cross, Assumption and UL Mutual • Refer to <i>AML app deficiency by Carrier</i> chart • Refer to standard Advisor request doc, shared drive
a) ID for Owner (ID type, place of issue, reference #, expiry date)	Y/N
b) Third Party determined & info collected (if applicable) – defined as individual or corporation other than who's directly transacting the business, who is connected in a significant way to the policy/investment, i.e., payor or someone in control giving instructions to deal with the policy/money, such as POA - See 1(b).	Y/N
c) Intended use/purpose of product (i.e., income replacement, estate planning, building assets for retirement)	Y/N
d) Source of funds provided for students, retirees, unemployed (i.e., joint bank account, EI benefit, savings) Is amount higher than our minimum threshold? Ask source (i.e., inheritance, gift, sale of asset, legal claim)	Y/N Y/N
e) Politically Exposed Person (foreign or domestic; deposits & premiums \$100,000 or more)	Y*/N

Complete Section 3 only for owners *other than individuals*.

Section 3: Note – you must escalate when information cannot be obtained

f) Corporate owner information: <ul style="list-style-type: none"> • Name of corporation's directors, ownership/control and structure of corporation. • Beneficial ownership: Name, address, detailed/specific occupation of all directors who own/controls 25% or more; if a holding company, nature of the business it holds. <ul style="list-style-type: none"> ○ Confirm with & keep copy of: articles of incorporation, annual returns or shareholder agreements • Establish existence of corporation (keep copy of): <ul style="list-style-type: none"> ○ If paper, i.e., certificate of corporate status, letter/notice of assessment, annual report signed by auditor ○ If electronic, i.e., corporation's registration #, type and source of record • If advisor fails to provide copy of their record: for federal corps - consult Corporations Canada at www.ic.gc.ca for name & address of corporation & names of directors; copy of Cyberbahn search result for proof of existence of corporation. 	Y/N Y/N Y/N Y/N
g) Non-registered charity or Trust: <ul style="list-style-type: none"> • Obtain & keep copy of: legal name, address, detailed/specific occupation of each trustee, settlor or trust beneficiary; information on the ownership, control and structure of trust. 	Y/N
h) Entities <i>other than</i> corporations or trusts (i.e., partnership, not-for-profit organization): <ul style="list-style-type: none"> • Information on ownership, control and structure of the entity • Beneficial ownership/control: Name, address, detailed/specific occupation of all individuals who own/controls 25% or more of the entity <ul style="list-style-type: none"> ○ Confirm with & keep copy of: articles of constitution, partnership agreements, record of decisions • Establish existence of entity (keep copy of): Partnership agreement or articles of association • For not-for-profits, determine if entity is: <ul style="list-style-type: none"> ○ charity registered with CRA – consult www.cra-arc.gc.ca if not noted ○ non-registered entity soliciting charitable financial donations 	Y/N Y/N Y/N Y/N Escalate

Escalation (to whom, outcome, date; mandatory for PEP*): _____