

Under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, Beneva Inc. (hereinafter “Beneva”) is required to have processes in place to ensure that client identity information is updated periodically.  
The purpose of this form is to fulfill this obligation and to conduct ongoing monitoring in order to update information records.

Section 1: Policyowner/Contractholder/Investor

When there is more than one policyowner/contractholder/investor, please complete a **separate** form for each person.

Policy/Account Number: \_\_\_\_\_

Last Name

First Name

Address (No.)

Street

Apt.

City

Province

Postal Code

Telephone (home)

Telephone (office)

Ext.

Email

Date of birth: 

Y

Y

Y

Y

M

M

D

D

Gender: ☐ Female ☐ MaleLanguage: ☐ English ☐ French

Section 2: Profession/Occupation of the Policyowner/Contractholder/Investor

**Detailed occupation:** provide complete and detailed information, including job title, field of activity, name of employer and employment status (e.g., salaried employee, owner, self-employed, etc.).  
**If retired:** provide the details on the last occupation prior to retirement.

Section 3: Purpose of Insurance/Intended Nature of Investment

What is the purpose of insurance/the intended nature of investment?

Purpose of Insurance		Intended Nature of Investment		
<input type="checkbox"/> Buy / Sell agreement	<input type="checkbox"/> Collateral loan	<input type="checkbox"/> Short-Term Savings	<input type="checkbox"/> Vacation Fund	<input type="checkbox"/> Emergency Funds
<input type="checkbox"/> Estate planning	<input type="checkbox"/> Income / Loan protection	<input type="checkbox"/> Real Estate Purchase	<input type="checkbox"/> Frequent Transactions	<input type="checkbox"/> Retirement Savings
<input type="checkbox"/> Estate conservation	<input type="checkbox"/> Charitable donations	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Succession Plan	<input type="checkbox"/> Education
<input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> Income	<input type="checkbox"/> Long-Term Investment	
		<input type="checkbox"/> Other (Specify): _____		

Section 4: Signature of the Financial Security Advisor/Representative

By signing below, I declare that the information provided on this form is accurate and complete.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

Agency Name

Agency Number

Name of the Financial Security Advisor/Representative (in capital letters)

Code of the Financial Security Advisor/Representative

Signed at (City)

Province

Signature of the Financial Security Advisor/Representative (Mandatory)

Y

Y

Y

Y

M

M

D

D

Date

Scanned or faxed documents received by Beneva may be used by Beneva in lieu of the original document.