

PARTICIPANT INFORMATION

1	PARTICIPANT'S NAME	DATE	DD / MM / YYYY
	JOINT PARTICIPANT'S NAME	PLAN/POLICY NUMBER	

INDIVIDUAL / ENTITY

2	THIS QUESTIONNAIRE IS BEING COMPLETED FOR ^{1,2} :		
	PARTICIPANT (First, Joint or Other Participant)		
	PARTICIPANT'S NAME		
	PAYOR (if other than the Participant(s))		
	PAYOR'S NAME	PAYOR'S RELATIONSHIP TO PARTICIPANT(S)	
	IF THE FORM IS FOR A LEGAL ENTITY, PLEASE COMPLETE THE INFORMATION OF THE AUTHORIZED SIGNATORY:		
	AUTHORIZED SIGNATORY'S NAME	AUTHORIZED SIGNATORY'S RELATIONSHIP TO ENTITY ³	
	<p>¹. Please note that the Company requires one Source of Fund Questionnaire per Participant and one for each Payor, if other than Participant(s). Therefore, additional forms should be submitted for each person when applicable. ². A new questionnaire will be required for new Policies, rider additions or excess premiums. ³. Indicate the position of the company official or employee in the entity.</p>		

QUESTIONNAIRE FOR INDIVIDUAL

3	A)	EMPLOYMENT INFORMATION			
		SELF-EMPLOYED (I work individually)			
		BUSINESS ADDRESS			
		ADDRESS			
		CITY	STATE / PROVINCE	ZIP CODE	COUNTRY
		WEBSITE ADDRESS			
		SELF-EMPLOYED (I own/work in my own company)			
		COMPANY NAME			
		DATE OF INCORPORATION	COUNTRY OF INCORPORATION	REGISTRATION NUMBER	LICENSE/PERMIT NUMBER ⁴
		DD / MM / YYYY			
		BUSINESS ADDRESS			
		ADDRESS			
		CITY	STATE / PROVINCE	ZIP CODE	COUNTRY
		WEBSITE ADDRESS			
		FULL OR PART TIME EMPLOYED (I am a dependent worker, a director or an independent director of a company)			
		EMPLOYER'S NAME			
		BUSINESS ADDRESS			
		ADDRESS			
		CITY	STATE / PROVINCE	ZIP CODE	COUNTRY
		WEBSITE ADDRESS			

QUESTIONNAIRE FOR INDIVIDUAL (continued)

3

A)

NOT WORKING	Please specify:
OTHER	Please specify:

4. If the entity has been granted a license or permit by a regulatory body, authority or industry chamber, please indicate the registration/license/permit number.

B)

OCCUPATION / ACTIVITY	
INDUSTRY	POSITION

OCCUPATION DETAILS ⁵

⁵ "Occupation Details" is a mandatory field, failure to complete correctly will result in the rejection of this form by ITA. If you indicated above that you work as a full or part time employee, please specify the details of your role (e.g.: northern regional sales manager, IT administrator for the central branch or independent director of company XYZ Corp.). If you indicated above that you are self-employed and work individually, please specify your economic activity (e.g.: lawyer, doctor, journalist, accountant, part-time professor, actor, baker, caregiver, etc.); and if you are a licensed professional (e.g.: lawyer, doctor, auditor, accountant, etc.), please indicate your registration/license number.

C)

SERVICE IN YOUR CURRENT EMPLOYMENT SINCE THE DATE ⁶:

DD / MM / YYYY

⁶. Please indicate the start date of your current employment.

D)

CURRENT INCOME

Select currency Enter annual income amount

USD \$	EUR €	GBP £
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E)

SOURCE OF WEALTH OF THIS INVESTMENT

I do hereby declare that my source of wealth is:

CURRENT INCOME (WORK, OTHER) / COMPENSATION PAYMENT

ASSET SALE (COMPANY, PROPERTY, SHARES, ETC.)

INHERITANCE

OTHER

INVESTMENT / PORTFOLIO

WINNINGS

MATURING INVESTMENT / POLICY CLAIM

GIFT

Please specify:

AMOUNT (complete only if other than CURRENT INCOME)

Select currency

USD \$

EUR €

GBP £

Enter amount

.

Please provide details: (Example: description of the investment portfolio, property or asset sold, date funds were received, etc.)

QUESTIONNAIRE FOR INDIVIDUAL (continued)

3

F)

BANK INFORMATION ⁷

NAME OF BANK

ACCOUNT NUMBER

DATE OPENED
DD / MM / YYYY

BANK'S ADDRESS
ADDRESS

CITY

STATE / PROVINCE

ZIP CODE

COUNTRY

7. Please provide details of the bank account or financial institution account (if other than a bank) to be used to transfer the payment to the Plan/Policy.

G)

PURPOSE OF THIS INVESTMENT		
PROTECTION PLANNING	CHILDREN'S EDUCATION PLANNING	WEALTH ACCUMULATION
RETIREMENT PLANNING	TARGET SAVINGS PLANNING	
OTHER	Please specify:	

Additional supporting information may be requested by the Company based on the information provided in this form and the information in the Company's records; at the Company's sole discretion.

QUESTIONNAIRE FOR LEGAL ENTITIES

4

A)

ENTITY INFORMATION			
DATE OF INCORPORATION DD / MM / YYYY	COUNTRY OF INCORPORATION	REGISTRATION NUMBER	LICENSE/PERMIT NUMBER ⁸
BUSINESS ADDRESS			
ADDRESS			
CITY	STATE / PROVINCE	ZIP CODE	COUNTRY
WEBSITE ADDRESS			

8. If the entity has been granted a license or permit by a regulatory body, authority or industry chamber, please indicate the registration/license/permit number.

B)

ACTIVITY
INDUSTRY
NATURE OF BUSINESS DETAILS ?

9. Please provide details of the activity conducted by the entity, if the entity is a passive entity like a holding company, please explain the objective of the entity.

C)

NET ANNUAL INCOME

Select currency

USD \$

EUR €

GBP £

Enter annual income amount

4 D)

INCOME (BUSINESS ACTIVITY, OTHER) / COMPENSATION PAYMENT

ASSET SALE (COMPANY, PROPERTY, SHARES, ETC.)

INVESTMENT / PORTFOLIO

MATURING INVESTMENT / POLICY CLAIM

OWNERS CONTRIBUTION

DONATIONS

OTHER

AMOUNT (complete only if other than NET ANNUAL INCOME)

Select currency

USD \$

EUR €

GBP £

Enter amount

Please provide details: (Example: description of the investment portfolio, property or asset sold, date funds were received, etc.)

E)

BANK INFORMATION ¹⁰

NAME OF BANK

ACCOUNT NUMBER

DATE OPENED

BANK'S ADDRESS

ADDRESS

CITY

STATE / PROVINCE

ZIP CODE

COUNTRY

10. Please provide details of the bank account or financial institution account (if other than a bank) to be used to transfer the payment to the Plan/Policy.

F)

PURPOSE OF THIS INVESTMENT

PROTECTION PLANNING

OWNERS/DIRECTORS/EMPLOYEES' CHILDREN EDUCATION PLANNING

WEALTH ACCUMULATION

OWNERS/DIRECTORS/EMPLOYEES RETIREMENT PLANNING

TARGET SAVINGS PLANNING

OTHER

Additional supporting information may be requested by the Company based on the information provided in this form and the information in the Company's records; at the Company's sole discretion.

5

I/We, the undersigned, as Participant(s), Payor or the authorized signatory of the Participant(s) or Payor, hereby certify that all the information provided above is true and correct. I/We hereby declare that none of my/our assets, net worth, income or activities, now, in the past or in the future, relate in any way to money laundering or any other illegal activity. I/We further confirm that these funds are derived from legitimate sources and will provide documentary evidence if required.

PAYOR'S SIGNATURE (if other than Participant(s))

6

SIGNATURE

7

Depending on the legal structure chosen by the Participant, the term "Participant" shall be replaced with either "Plan Participant" or "Policyowner" and the term "Plan/Policy" shall be replaced with either "Plan", "Policy" or "Contract". Please refer to the legal documents to determine which terms apply.

8

PARTICIPANT'S SIGNATURE _____

JOINT PARTICIPANT'S SIGNATURE _____