



**POLICYHOLDER(S)/PAYOR(S) IDENTITY VERIFICATION**

This section must be completed in case of a non-registered payment only.

Last Name and First Name of Policyholder/Authorized Signing Officer: \_\_\_\_\_

Occupation or Type of Business: \_\_\_\_\_

Document Number: \_\_\_\_\_

Birth Certificate

Driver's Licence

Passport

Other: \_\_\_\_\_

Territory of Competence: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  American Citizen TIN: \_\_\_\_\_

Last Name and First Name of Payor, if not the Policyholder: \_\_\_\_\_

Occupation or Type of Business: \_\_\_\_\_

Document Number: \_\_\_\_\_

Birth Certificate

Driver's Licence

Passport

Other: \_\_\_\_\_

Territory of Competence: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  American Citizen TIN: \_\_\_\_\_

**THIRD PARTY DETERMINATION**

Is the applicant/owner acting on the instructions of an undisclosed individual or entity?

No  Yes (If yes, collect the following information.)

Instructions are provided by:  an individual  a corporation

another type of entity (please specify): \_\_\_\_\_

Name of third party: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to applicant/owner: \_\_\_\_\_

Address (not only a P.O. box number): \_\_\_\_\_

Principal occupation or business (be specific): \_\_\_\_\_

If a corporation is the third party, provide: Incorporation number: \_\_\_\_\_

Place of incorporation: \_\_\_\_\_

**POLITICALLY EXPOSED FOREIGN PERSONS**

This Section must be completed in case of a non-registered lump sum payment of \$100,000 or more.

Have you personally or a member of your family held a senior-level position in a foreign government or organization (political party, army, court of law or state-owned company)?  Yes  No

If yes, please provide the following information:

Last Name and First Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Relationship: \_\_\_\_\_

Source of Funds: \_\_\_\_\_