

Canadian Residency Questionnaire

Please PRINT clearly.

CLIENT

1.	a. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Other Title	
	b. Family Name/Last Name		Given Name/First Name	
	c. Date of Birth (dd/mm/yyyy)		d. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	e. City of Birth		f. Country of Birth	
	g. Permanent Resident Address			
	City		State/Province	Country

2. Are you a Canadian Citizen? Yes No

3. Do you hold a Permanent Resident Card (formerly Maple Leaf Card)? Yes No
 If "Yes," provide details:

Issue Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
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If you answered **"YES"** to Question 3 and the Permanent Resident Card has **NOT** expired, you will need to provide a determination letter from the Canadian Revenue Agency confirming that you are not a tax resident of Canada in order to be eligible to apply.

- The determination letter must have been issued during the term of your Permanent Resident status. Please submit a copy of the determination letter with this completed Questionnaire.
- If you do not have a determination letter or the date of the letter is not within the term of your Permanent Resident Status, you are not required to complete this Questionnaire.

4. Have you declared non-residency status with the Citizenship and Immigration-Canada agency? Yes No
 If "Yes," attach a copy of the determination or confirmation issued by the CIC.

5. How many days per year do you spend in Canada? _____

6. Where do you habitually reside and for how many days out of the year?

	Days
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7. Do you maintain a home in Canada? Yes No
 If "Yes," is the home occupied? Yes No

If "Yes," how is the home occupied and by whom?
For how long?

CLIENT (continued)

- 8. When the home is not occupied, is it leased to a third party? Yes No
- 9. How long did you previously reside in Canada? _____ Or N/A
- 10. Where does your spouse (if applicable) reside? _____ Or N/A
- 11. Do you have children residing in Canada? Yes No

If "Yes," provide details:

- 12. Do you have any familial connections with Canada, e.g. other family members who reside in Canada? Yes No

If "Yes," do you visit them in Canada, and how often and for how long?

- 13. Do you have any vehicles registered in Canada? Yes No
- 14. Do you maintain a Canadian Driver's License? Yes No
- 15. Do you maintain a Canadian Health Care Card? Yes No
- 16. Do you have a Canadian Bank Account? Yes No

If "Yes," is it active and how much income is earned from it?

- 17. Do you have any Canadian-source income? Yes No

If "Yes," what kind of income and how much?

- 18. Do you carry on business in Canada, personally or through a corporation, or have any business dealings or connections with Canada? Yes No

If "Yes," please describe:

- 19. Do you file a Canadian income tax return? Yes No

If "Yes,"

- a. Is it a non-resident tax return on Canadian source income only? Yes No
- Or
- b. Is it a resident return reporting worldwide income? Yes No

- 20. Do you intend to return to Canada to reside? Yes No

If "Yes," when and for how long?

By signing below, the undersigned acknowledges the Company will collect, use, and may disclose personal information for the following purposes: (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service we may offer (any of which referred to here for convenience as "your policy"), (b) to underwrite an application for your policy, (c) to administer claims and determine or fulfill responsibility for coverage and provision of benefits, (d) to administer coverage, benefits, and other features provided by your policy, (e) to obtain reinsurance, or (f) for any other legally permissible purpose related to your policy provided by the Company. The undersigned hereby consents to the collection, use, and disclosure of his or her personal information by the Company for the purposes described above.

The Company may disclose your personal information to reinsurers, affiliates, third party service providers and agents of the Company who may be engaged to assist with the administration of your policy, to carry out the above purposes, to professional advisors, and otherwise as may be required or permitted by applicable law and the Company's privacy statement. You may obtain a copy of the Company's privacy statement from your Financial Representative.

Client Signature X	Date (dd/mm/yyyy)
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