

Qualifications Due Diligence Form

Third Party Financial Verifiers

Please PRINT clearly.

SECTION 1. FOR FIRMS ACTING AS THIRD PARTY VERIFIERS

**PLEASE
NOTE**

The person completing this form on behalf of the firm does **not** need to complete Section 2 for individual/third party verifiers. Signatures on behalf of a firm and an individual verifier are required in Section 3.

Firm Information

Firm Name			
Primary Business Address			
City	State/Province	Country	Postal Code
Website/URL		Email of person completing on behalf of firm	

Principal Business of Firm (Check all that apply)

Banking Accounting Finance Legal Estate Planning Other (specify) _____

Type of Firm

Private Registered Shares Publicly Traded (if applicable provide symbol(s) and listing exchange(s) below)

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Governing Jurisdiction	Years in Business
Branch or Business Presence (City/Country) (Only complete if different than above)	
Primary Regulatory Authority	

Please attach the following document translated to English if applicable:

1. Certificate of Good Standing (within 12 months of the date this form is completed).

A website address of a competent governmental or professional authority where current licensure or registration may be accessed and reviewed in English may be provided in lieu of the above.

SECTION 2. FOR INDIVIDUALS ACTING AS THIRD PARTY VERIFIERS

Individual Information

Family Name/Last Name of Individual		Given Name/First Name of Individual	
Are you/have you been known under any Former Name, Maiden Name or Alias? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," please provide the other names below			
Business Address			
City	State/Province	Country	Postal Code
Business Website/URL		Email	

Primary Business (Check all that apply)

Banking Accounting Finance Legal Estate Planning Other (specify) _____

Professional Designation (e.g., CPA, JD)
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Type of Firm

Sole Proprietorship Other (specify) _____

Years in Business	Languages Spoken
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Please attach the following document translated to English if applicable:

1. Copy of current professional license issued by a competent governmental or professional authority, if applicable.
A website address of a competent governmental or professional authority where current licensure or registration may be accessed and reviewed in English may be provided in lieu of the above.
2. Curriculum Vitae.

SECTION 3. SIGNATURE SECTION

I certify that (i) the information provided above is complete and will be relied upon in evaluating the undersigned's credentials as a third party financial verifier; (ii) if completed by a corporation, that it is a valid corporation, organized and existing under the laws of the country identified within this form; (iii) the undersigned is authorized to sign this form; (iv) any government-issued licenses or permits required by applicable law are in good standing; (v) no regulatory body, licensing, or permitting authority has initiated an investigation and/or disciplinary proceedings against the firm or individual identified within this form.

For Firm

Authorized Officer Name	Title	
Signature X		Date (dd/mm/yyyy)

For Individual

By signing below, the undersigned acknowledges the Company will collect, use, and may disclose personal information to process and evaluate an application, transaction, request, or administer coverage in connection with, life insurance, annuity, investment account, or other product or service the Company may offer or issue to a client, or for any other legally permissible purpose. The undersigned hereby consents to the collection, use, and disclosure by the Company of his or her personal information contained in (or included with) this form for the foregoing purposes.

Individual Name		
Signature X		Date (dd/mm/yyyy)