

Verification of identity – individual life insurance

Information to be completed by the Associate/Broker

Complete and include this form with the basic application form.

Please specify the application number printed on the basic application form or specify the policy number, if known. ►

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Verification of owner/payor personal identity

For a life insurance application, the Associate/Broker must complete this section and verify the identity of each person signing the application who is an owner/company signing officer or a premium payor, by reviewing the applicable document indicated below for that person. For each person, indicate which one of the required documents has been reviewed, its number and the jurisdiction where issued. The identifying document must be the original, which has not expired and is not a copy. Indicate the person's business or occupation and date of birth, if not shown elsewhere in the application.

Name of owner /signing officer	Principal business or occupation of owner	Date of birth (d/m/y)
<input type="checkbox"/> Birth certificate <input type="checkbox"/> Other <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence	Document No.	Jurisdiction

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Name of payor , if other than owner(s)	Principal business or occupation of payor	Date of birth (d/m/y)
<input type="checkbox"/> Birth certificate <input type="checkbox"/> Other <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence	Document No.	Jurisdiction

Name of payor , if other than owner(s)	Principal business or occupation of payor	Date of birth (d/m/y)
<input type="checkbox"/> Birth certificate <input type="checkbox"/> Other <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence	Document No.	Jurisdiction