



A DIVISION OF PEOPLES GROUP

# POLITICALLY EXPOSED PERSON FORM

14th Floor – 888 Dunsmuir Street, Vancouver, BC V6C 3K4  
Phone: 604-683-2881 Fax: 604-683-5110  
Toll Free: 1-800-663-0324  
www.peoplestrust.com

|                    |                |
|--------------------|----------------|
| Customer Number(s) | Account Number |
|--------------------|----------------|

(For Office Use Only)

## PRIMARY APPLICANT INFORMATION:

Full Legal Name \_\_\_\_\_

|               |            |                |                   |
|---------------|------------|----------------|-------------------|
| Address _____ | City _____ | Province _____ | Postal Code _____ |
|---------------|------------|----------------|-------------------|

## JOINT APPLICANT INFORMATION:

Full Legal Name \_\_\_\_\_

|               |            |                |                   |
|---------------|------------|----------------|-------------------|
| Address _____ | City _____ | Province _____ | Postal Code _____ |
|---------------|------------|----------------|-------------------|

## POLITICALLY EXPOSED PERSON INFORMATION:

Has the applicant or the registered owners, directors or signing officers, or one of their family members or close associates, ever held a senior position in a government, political party, military, tribunal, government-owned corporation, or been the head of an international organization, a leader or president of an organization funded by multiple nations or states?  YES  NO

Name of person who is/was politically exposed \_\_\_\_\_

|  |  |
|--|--|
| Country where position is/was held _____ | Time period the position is/was held _____ |
|--|--|

What position is/was held by the person who is/was politically exposed domestically or in a foreign country?

|  |   |
|--|---|
| <input type="checkbox"/> Head of State or Head of Government, including Governor General and Lieutenant Governor | <input type="checkbox"/> Deputy Minister (or equivalent)                                    |
| <input type="checkbox"/> Member of Executive Council of Government or Member of a Legislature                    | <input type="checkbox"/> Ambassador or Ambassador's Attaché or Councillor                   |
| <input type="checkbox"/> Head of an International Organization   | <input type="checkbox"/> President of a State-Owned Bank or Company                         |
| <input type="checkbox"/> Head of a Government Agency   | <input type="checkbox"/> Leader or President of a Political Party in a Legislature          |
| <input type="checkbox"/> Military General (or higher rank)   | <input type="checkbox"/> Member of the Senate or House of Commons, or member of Legislature |
| <input type="checkbox"/> President of a Corporation wholly owned by Her Majesty in Right of Canada or a Province | <input type="checkbox"/> Judge  |
| <input type="checkbox"/> Leader of an Organization Funded by Multiple Nations or States                          | <input type="checkbox"/> Mayor in Canada  |

Title of Position Held \_\_\_\_\_

What is the relationship of the person named above to the Registered Owner?

Self

Family Member - *A family member is considered to be:*  
 (a) Their spouse or common-law partner; (b) Their child; (c) Their mother or father;  
 (d) The mother or father of their spouse or common-law partner e.a child of their mother or father (sibling)

Close associate - (a) Business partners with, or who beneficially owns or controls a business with, a PEP or HIO  
 (b) In a romantic relationship with a PEP or HIO, such as a boyfriend, girlfriend or mistress  
 (c) Involved in financial transactions with a PEP or a HIO; (d) A prominent member of the same political party or union as a PEP or HIO  
 (e) Serving as a member of the same board as a PEP or HIO; or (f) Closely carrying out charitable works with a PEP or HIO

## SOURCE OF FUNDS:

The source of funds that have been, will be, or are expected to be deposited into this account is as follows:

## DECLARATION

By signing this Information Form, the undersigned declares that the information provided herein is true and correct.

### Authorized Signatory:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

After completing this form, send it together with your application to:  
Peoples Trust Company  
1400 – 888 Dunsmuir Street, Vancouver, BC V6C 3K4

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## SENIOR MANAGEMENT APPROVAL:

Signature \_\_\_\_\_ Date \_\_\_\_\_