

Identity Verification for Entity Beneficiaries

Contract/Policy Number _____

Contract/Policy Number _____

Contract/Policy Number _____

Complete this form if the amount payable is \$10,000 or more per policy for each independent beneficiary.

CI Global Asset Management ("CI GAM") on behalf of Sun Life Assurance Company of Canada ("Sun Life") must verify the identity of the beneficiary as the manager of Sun Life legacy segregated fund products. This helps Sun Life to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and other relevant legislation/regulations.

What is a named beneficiary?

A beneficiary is the entity that will benefit from a transaction or to which the final remittance is made.

Select the type of entity and complete the sections that apply:

Corporation Partnership Trust Estate Other

Is the beneficiary a public body (any government department, ministry, crown corporation, city, town or other municipal body); a public hospital; a corporation or trust that is traded on a Canadian stock exchange with net assets of at least \$75 million (this includes a subsidiary of any of these entities whose financial statements are consolidated with those of the parent entity)? No Yes

If yes, the beneficiary qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and associated Regulations. Completion of section 3 is required.

If no, completion of this form is required.

If additional space is required, for any sections of this form, please attach and sign additional pages to this form.

1. Identity Verification: Completion is Mandatory

1.1 Corporation

- Section 1.1 a) and 1.1 b),
- Appendix A. Beneficial Ownership, Control and Structure,
- Corporate resolution document for beneficiaries.

A corporate search will be conducted to confirm the corporation's existence and to confirm the directors of the board.

1.1 a) Corporation Information

Corporate Name _____

Detailed Principal Business _____

Corporation Address (Street Number, Name, and Suite/Apartment Number) **Note:** PO Box and general delivery addresses are not acceptable. _____

Corporate Registration Number _____

Date of Incorporation
(MM/DD/YYYY) _____

Province/State of Incorporation _____

Country of Incorporation _____

Is this corporation a not for profit entity? **No** **Yes** **If yes, provide the information below:**

Solicits public contributions? No Yes

Registered as a charity with Canada Revenue Agency? No Yes

_____ Canada Revenue Agency Registration Number

1. Identity Verification: Completion is Mandatory (continued)

1.1 b) Directors of the Board (attach a separate sheet if more room required)

| | |
|------------------------------|---|
| _____ Last Name: Director | _____ First Name & Middle Initial(s) |
| _____ Last Name: Director | _____ First Name & Middle Initial(s) |
| _____ Last Name: Director | _____ First Name & Middle Initial(s) |
| _____ Last Name: Director | _____ First Name & Middle Initial(s) |
| _____ Last Name: Director | _____ First Name & Middle Initial(s) |

1.2 Partnership

For a Partnership:

- If there are only Individual partners. Complete sections 1.2 a) and 1.2 b),
- If there is an entity partner involved. Complete sections 1.2 a) and Appendix A. Beneficial Ownership, Control and Structure.

1.2 a) Partnership information – Submit a copy of the partnership agreement to confirm the existence of the partnership.

| | | | |
|--|---|----------------------------------|-------------------------|
| _____ Name of Partnership | _____ Detailed Principal Business | | |
| _____ Partnership Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| _____ Registration Number | _____ Province/State of Registration | _____ Country of Registration | _____ Type of Record |

1.2 b) Individual Partner. 100% of the ownership, control and structure of the partnership must be accounted for (attach a separate sheet if more room is required).

| | | | |
|---|---|------------------------------------|--------------------------|
| _____ Last Name | _____ First Name & Middle Initial(s) | | |
| _____ Person's percentage of ownership or control of the partnership: _____ % | | | |
| _____ Does this person have 25% or more ownership or control of the partnership? | | | |
| No | Yes | If yes, provide the address below. | |
| _____ Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| _____ City | _____ Province/State | _____ Country | _____ Postal/Zip Code |

| | | | |
|---|---|------------------------------------|--------------------------|
| _____ Last Name | _____ First Name & Middle Initial(s) | | |
| _____ Person's percentage of ownership or control of the partnership: _____ % | | | |
| _____ Does this person have 25% or more ownership or control of the partnership? | | | |
| No | Yes | If yes, provide the address below. | |
| _____ Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| _____ City | _____ Province/State | _____ Country | _____ Postal/Zip Code |

1.3 Trust or Estate

You need to record the information establishing the ownership control and structure of the trust/estate.

For Trust:

- Provide a copy of the trust deed or other documents establishing the trust to confirm the existence of the trust.
- Complete Sections 1.3 a), 1.3 b), 1.3 c) and 1.3 d),

For Estate:

- Provide a copy of the will or court order,
- Complete Sections 1.3 a), 1.3 b) and 1.3 c).

1. Identity Verification: Completion is Mandatory (continued)

1.3 a) Trust/Estate Information

| | | |
|---------------------------------------|----------------------------------|-------------------------------|
| Name of the Trust or Estate | | Date Established (MM/DD/YYYY) |
| Document Type (e.g. Trust Deed, Will) | Province/State where Established | Country where Established |

1.3 b) Trustee/Executor Information (attach a separate sheet if more room is required).

Trustee/Executor Information

| | | | |
|--|--------------------------------|---------|-----------------|
| Last Name | First Name & Middle Initial(s) | | |
| Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| City | Province/State | Country | Postal/Zip Code |

Trustee/Executor Information

| | | | |
|--|--------------------------------|---------|-----------------|
| Last Name | First Name & Middle Initial(s) | | |
| Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| City | Province/State | Country | Postal/Zip Code |

1.3 c) Trustee/Estate Beneficiaries (attach a separate sheet if more room is required)

Trust Beneficiary/Estate Beneficiary Information

| | | | |
|--|--------------------------------|---------|-----------------|
| Last Name | First Name & Middle Initial(s) | | |
| Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| City | Province/State | Country | Postal/Zip Code |

Trust Beneficiary/Estate Beneficiary Information

| | | | |
|--|--------------------------------|---------|-----------------|
| Last Name | First Name & Middle Initial(s) | | |
| Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| City | Province/State | Country | Postal/Zip Code |

Trust Beneficiary/Estate Beneficiary Information

| | | | |
|--|--------------------------------|---------|-----------------|
| Last Name | First Name & Middle Initial(s) | | |
| Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| City | Province/State | Country | Postal/Zip Code |

Trust Beneficiary/Estate Beneficiary Information

| | | | |
|--|--------------------------------|---------|-----------------|
| Last Name | First Name & Middle Initial(s) | | |
| Residential Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable. | | | |
| City | Province/State | Country | Postal/Zip Code |

1. Identity Verification: Completion is Mandatory (continued)

Trust Beneficiary/Estate Beneficiary Information

Last Name First Name & Middle Initial(s)

Residential Address (Street Number, Name, and Suite/Apartment Number) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

1.3 d) Trust Settlor (Payor) (required for trust only) (attach a separate sheet if more room is required).

Trust Settlor (Payor) Information

Last Name First Name & Middle Initial(s)

Residential Address (Street Number, Name, and Suite/Apartment Number) **Note:** PO Box and general delivery addresses are not acceptable.

City Province/State Country Postal/Zip Code

1.4 Other non-corporate entities, including unincorporated not for profit entities and widely held or publically traded trusts.
(e.g. foundation, association or charity)

For non-corporate entities, you need to:

- Complete Sections 1.4 a) and 1.4 b), and
- Complete Appendix A. Beneficial Ownership, Control and Structure (not applicable for unincorporated not for profit entities),
- Provide a copy of the most recent version of the non-corporate entity record that confirms the existence and contains it's name and address of the entity and director information.

We will confirm the entity's existence and confirm the directors of the board through:

- The non-corporate entity record submitted,
- Canada Revenue Agency (if applicable), or
- A corporate search (if applicable).

1.4 a) Non-corporate entity information (attach a separate sheet if more room is required).

Select type of non-corporate entity: Unincorporated not for profit Other

Entity Name Detailed Principal Business

Entity Address (Street Number, Name, and Suite/Apartment Number) Note: PO Box and general delivery addresses are not acceptable.

Date Entity Established (MM/DD/YYYY) Document Type Province/State where Established Country of Registration

Is this a not for profit entity? **No** **Yes** **If yes, provide the information below:**

Solicits public contributions? No Yes
Registered as a charity with Canada Revenue Agency? No Yes

Canada Revenue Agency Registration Number

1.4 b) Directors of the board/trustees/like officials/members (attach a separate sheet if more room required)

Last Name: Director First Name & Middle Initial(s)

Last Name: Director First Name & Middle Initial(s)

Last Name: Director First Name & Middle Initial(s)

Last Name: Director First Name & Middle Initial(s)

2. Appendix A - Beneficial Ownership, Control and Structure

Purpose: CI GAM, on behalf of Sun Life, needs to obtain and confirm the beneficial ownership, control and structure of the named beneficiary where the information hasn't been recorded in section 1 of this form.

Beneficial owners are individuals who directly or indirectly own or control 25% or more of a corporation or an entity other than a corporation. Beneficial owners cannot be other corporations, trusts or other entities. They must be individuals who are the owners or the controllers of the entity.

Instructions on Exhibit A and B below:

1. **Complete Exhibit A.** Draw the Beneficial Ownership Structure of the entity or attach a copy of a signed and dated version. If you instead have an organizational chart that you want to attach, please attach it and leave Exhibit A blank.

The Organizational chart drawn below or attached needs to include:

- i) The ownership and control structure, including a full list of the shareholders names, for each layer of the ownership and percentage of ownership,
- ii) Name and percentage of ownership for each natural person (beneficial owner) who is a shareholder for each layer of ownership.

2. **Complete Exhibit B.** Include the information on all individual beneficial owners (e.g. natural persons) for each entity that owns or controls, directly or indirectly, the beneficiary (the entity).

Notes:

- If the Entity is owned 25% or more by a trust, you need to include the names and addresses of the trustees, known beneficiaries and known settlors of the trust. Record this in Exhibit B,
- In a case of widely held or publically traded trust, provide the names of all trustees of the trust, names and addresses of all persons who owns or controls directly or indirectly 25% or more of the units of the trust. Record this in Exhibit B.

Exhibit A

Organizational chart worksheet

2. Appendix A - Beneficial Ownership, Control and Structure (continued)

Exhibit B

Complete Exhibit B to record Individual Beneficial Owners (must be a natural person who owns directly or indirectly the Entity Beneficiary):

Last Name First Name & Middle Initial(s)

Relationship (who do they own) % of Ownership of Entity owned

Residential Address (only list for those with 25% or more direct or indirect ownership of the Entity Beneficiary)

Last Name First Name & Middle Initial(s)

Relationship (who do they own) % of Ownership of Entity owned

Residential Address (only list for those with 25% or more direct or indirect ownership of the Entity Beneficiary)

Last Name First Name & Middle Initial(s)

Relationship (who do they own) % of Ownership of Entity owned

Residential Address (only list for those with 25% or more direct or indirect ownership of the Entity Beneficiary)

Last Name First Name & Middle Initial(s)

Relationship (who do they own) % of Ownership of Entity owned

Residential Address (only list for those with 25% or more direct or indirect ownership of the Entity Beneficiary)

Last Name First Name & Middle Initial(s)

Relationship (who do they own) % of Ownership of Entity owned

Residential Address (only list for those with 25% or more direct or indirect ownership of the Entity Beneficiary)

3. Entity (Corporation/Partnership/Trust/Not for Profit, etc.) Signing Officer Certification

I understand that the information has been collected, used and stored for purposes of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and other relevant legislation/regulations.

Attestation

In this section, I refers to the signing officer(s) of the entity.

Sun Life refers to Sun Life Assurance Company of Canada, who is the insurer, and a member of the Sun Life group of companies. CI GAM is the administrator of Sun Life legacy segregated fund products.

Complete the applicable sections below.

I, as a signing officer of the Corporation confirm:

Corporation

1. I have included the signed Organizational chart of the Corporation. It outlines the full ownership and control structure of the corporate beneficiary, which includes a full list of the shareholders for each layer of ownership and percentage of ownership.

The Organizational chart of the Corporation is (check one box):

- the Organizational chart worksheet in this form.
- the documents attached to this form.

Note: If attaching Organizational chart as a separate document, ensure:

- All policy numbers are included on the chart,
 - All documents are signed and dated, and
 - Organizational charts are provided for entity shareholders.
2. Bearer shares are shares held on someone else's behalf.
I confirm the Corporation does not issue bearer shares.
Note: If the Corporation has bearer shares, supporting documents need to be submitted.
3. Ownership and controller information is provided in this form and in the Exhibit B.

I confirm that the following information provided on this form is accurate and true and aligned with the current corporate ownership and control structure:

- the names of all directors of the Corporation,
- the names and address of all individuals who own or control, directly or indirectly, 25% or more of the shares of the Corporation, and
- information establishing the ownership, control and structure of the corporation.

OR

The beneficiary qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and the associated Regulations.

Trust or Estate

I, as a signing officer of the trust or estate, confirm that the current ownership and control information of the trust or estate is provided on this completed form. I also confirm that the following information provided on this form is accurate, true and aligned with the trust deed, will or court order, as applicable:

- the names and addresses of all Trustees,
- the names and addresses of all Executors,
- the names and addresses of all known beneficiaries, and
- the names and addresses of all settlors of any Trust.

Entity other than a Corporation, Trust or Estate (e.g. Partnership, Unincorporated Association, Not-for-profit, Charity, Widely held or Publically Traded Trust)

I, as a signing officer of the entity, confirm that the current ownership and control information of the entity is provided on this completed form.

I also confirm that the following information provided on this form is accurate, true and aligned with the current entity ownership and control structure:

- the names of all directors, partners or trustees of the entity as applicable, and
- the names and addresses of all individuals who own or control, directly or indirectly, 25% or more of the shares of the entity/units of the trust.

OR

The beneficiary qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and the associated Regulations.

Declaration

By signing below, I, in such capacity as a signing officer of the entity and not in a personal capacity, attest:

- I can speak to the full ownership and control structure of the entity,
- The information on this form is accurate and true, and
- CI GAM and Sun Life can rely on this information as complete and as aligned with the entity's up to date official documentation.

Name (Please print) Corporation, Trust/Estate or Entity Signing Officer Signature Date (MM/DD/YYYY)

Name (Please print) Corporation, Trust/Estate or Entity Signing Officer Signature Date (MM/DD/YYYY)



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MANAGEMENT**

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USE OF PERSONAL INFORMATION NOTICE

CI INVESTMENTS INC'S Privacy Notice

CI Investments Inc. doing business under the registered business name of CI Global Asset Management ("CI GAM", "we", "our", "us") are committed to respecting and protecting the privacy and confidentiality of the information you have entrusted with us. This Privacy Notice outlines how we collect, use, disclose, store and safeguard your personal information.

WHAT INFORMATION DO WE COLLECT?

We collect information, including sensitive personal information, such as social insurance number, required to establish and service your accounts in compliance with federal and provincial laws as well as our financial self-regulatory organization requirements. We maintain audio recordings of in-coming and out-going telephone calls. You may access our full Privacy Policy Notice online at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html. If you choose to interact with us online via our web portal or through e-mail, we will monitor and record your usage information (please see our Online and Mobile Privacy Policy at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html for additional details).

HOW DO WE COLLECT INFORMATION

We collect information directly from you or from your authorized representative(s), such as your financial advisor or their dealership. Depending on how you choose to do business with us, this information may be collected on applications, forms, over the phone, in person, through the internet, through your mobile device or through other forms of communication. We also collect information about you indirectly where permitted by law. We limit the collection of information to what is necessary to fulfill the purpose for which the information is collected.

HOW DO WE USE THE PERSONAL INFORMATION WE COLLECT?

In addition to the purposes set out in our full Privacy Policy Notice (www.cifinancial.com/ci-gam/ca/en/legal/privacy.html), we may use your information to:

- I. Provide and manage products and services you have requested, including to:
 - a) Open and operate your account,
 - b) Verify your identity,
 - c) Execute your transactions,
 - d) Record and report account status back to you,
 - e) Provide personalized service and support, and
 - f) Respond to any request or questions you may have.
- II. Understand our customers and to develop and tailor our products and services by performing data analytics to:
 - a) Determine suitability of products and services for you,
 - b) Determine your eligibility for certain of our products and services, or products or services of others,
 - c) Communicate with you about products and services that may be of interest,
 - d) Provide you with quality individualized client service and support, and
 - e) Market and advertise to clients and prospective clients.
- III. Legal and Regulatory Obligations
 - a) Provide all required tax reporting,

- b) Comply with legal, regulatory, and contractual requirements, or as otherwise permitted by law,
- c) Fulfill obligations under federal anti-money laundering and suppression of terrorism legislation,
- d) Meet obligations as a member of various financial self-regulatory organizations,
- e) Protect our interests, including recovering any debts you may owe us, and
- f) Protect against fraud and other crime and to manage risk, including conducting investigations and proactive crime prevention measures.

We do not sell or rent client lists or personal information to third parties.

DISCLOSURE OF YOUR PERSONAL INFORMATION

Employees or authorized representatives of CI Investments Inc. ("CI GAM"), who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. We share your personal information with CI Financial company affiliates, such as Assante Wealth Management (Canada) Ltd. ("AWM"), CI Private Counsel LP, ("CIPC"), CI Investment Services Inc. ("CIIS"), and WealthBar Financial Services Inc. ("WealthBar") and their subsidiaries where necessary to administer and service your account.

We provide your information to third parties, including:

- Third party service providers for the servicing purposes described above – We do not authorize our service providers to use or disclose the personal information for their own marketing or other purposes. We engage service providers pursuant to a written agreement which requires them to protect personal information with equivalent safeguards that we would use. Our service providers may be located in Canada or other jurisdictions or countries and may disclose information in response to valid demands or requests from governments, regulators, courts and law enforcement authorities in those jurisdictions or countries in accordance with the applicable law in that jurisdiction or country. For more information on our information sharing practices, please contact our Privacy Officer.
- To governments, government agencies, regulators, including self-regulatory authorities, when required or permitted to do so by law, including in response to a search warrant, court order, or other demand or inquiry which we believe to be valid.
- To your financial advisor and their dealership where necessary to administer and service your account.
- To your legal representatives and/or with other third parties at your direction for the purposes which you specify at the time of the direction.
- To financial institutions, securities dealers and mutual fund companies where necessary to administer and service your account.
- To protect our interests, we may disclose information to any person or organization, including an investigative body, in order to prevent, detect or suppress, financial abuse, fraud, criminal activity, protect our assets and interests, or manage or settle any actual or potential loss or in the case of a breach of agreement or contravention of law.

- We may also disclose information to help us collect a debt owed to us.
- In the event of a transfer of a business, we may buy or sell a business (or evaluate those transactions) which would result in certain personal information forming business assets that would be purchased or sold as part of a transfer.
- We may transfer personal information as part of a corporate reorganization or other change in corporate control.
- In other situations where we have your consent, for instance, sharing your information with a joint account holder.

Information collected will be communicated outside of Quebec, both within Canada and other jurisdictions or countries and we may disclose information in response to valid demands or requests from governments, regulators, courts and law enforcement authorities in those jurisdictions or countries in accordance with the applicable law in that jurisdiction or country.

PROTECTING INFORMATION

We maintain appropriate physical, electronic, technological, procedural, and organizational safeguards to protect against unauthorized access, disclosure, copying, use or modification, theft, misuse, or loss of your personal information in our custody or control. These safeguards are appropriate to the sensitivity of the information, the purposes for which it is used, the quantity and distribution of the personal information and the medium on which we (or our service providers) store it. We limit access to your personal information to the employees and agents who require it for the purposes of their role. Your personal information is only used for the purposes for which it was collected or where permitted by law. We store personal information for as long as is necessary to achieve the purposes for which it was collected or in accordance with applicable law.

ACCESSING OR CORRECTING INFORMATION

We are committed to being transparent and providing you with choices about how your information is used. You may inform us of your preferences by registering for our client web portal [Investor Online] online at www.ci.com and accessing the Privacy Preferences page. If you are unable to register online, you may also contact our client services via phone at 1-800-268-9374 or by e-mail to service@ci.com.

To correct or access your information, we encourage you to contact our Client Services department, access our Online web portal or consult your periodic statements. However, you do have the right to access and correct your personal information, or to find out to whom we have disclosed it. To make a formal request for access or correction, please send a written request addressed to the Privacy Officer, 15 York Street, 4th Floor, Toronto, ON, M5J 0A3. Please include your full name, address, telephone number, and account number(s) on all correspondence to us and provide enough detail to allow us to identify the information you want to access or correct.

REVOKING CONSENT

You may withdraw your consent for the collection, use and disclosure of your personal information at any time by forwarding a written request to the Privacy Officer. Please include your full name, address, telephone number and account number(s) on any correspondence to us. However, there are certain times when you may not withhold or revoke your consent including certain legal, regulatory, or contractual requirements. We must receive reasonable notice of your request in order to honour your consent withdrawal. Your decision to withhold or

revoke your consent may limit the products and services that we may provide to you and may require you to close your accounts with us.

Our Privacy Office

If you have any questions or concerns about our privacy practices, the privacy of your personal information, or you want to change your privacy preferences, please contact our Privacy Officer. For changes to your privacy preferences please be reminded that you may update your selection by accessing the Privacy Preferences page of our web portal. We are committed to helping resolve your questions or concerns.

CI Investments Inc. Privacy Officer, 15 York Street, 4th Floor, Toronto, ON, M5J 0A3