
POLICY NUMBER(S): _____ **DATE** _____

1. PERSONAL INFORMATION

First Name	Middle Name (s)	Last Name	Mother's Maiden Name
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Other Name used by client	Place of Birth (Parish & Country)	Date of Birth -DD/MM/YYYY
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Nationality	Other Citizenship	Tax Registration Number
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Are you required to file a tax return in the U.S.?	If yes Provide your Social Security Number (SSN)
YES <input type="checkbox"/> NO <input type="checkbox"/>	

Are you required to file a tax return in any country other than the U.S. or Jamaica?	If yes Provide country and Tax Identification Number
YES <input type="checkbox"/> NO <input type="checkbox"/>	

Home Number <i>Format (999)999-9999</i>	Mobile <i>Format (999)999-9999</i>
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Customer ID Type	Customer ID Number	Issued by
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Customer ID Expiry Date	DD/MM/YYYY	Email Address
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Current Permanent Address	Previous Address <i>(if current address is less than two years)</i>	Mailing Address <i>(if different from permanent address)</i>
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2. EMPLOYMENT/OCCUPATIONAL INFORMATION

Name of Employer/ If Self-Employed write name of business <i>(if available)</i>	Annual Salary
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Current Position/ Occupation	Occupation of Insured (if not Policy owner)	Work Telephone Number <i>Format(999)999-9999</i>
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Nature of Business/ Business Activities	Employers' Address
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3. PEP DETERMINATION

Are you or any of the beneficiaries or your (or their) immediate family members (parents, siblings, half sister/ brother, spouse/ common law partner and/or in-laws) a current or former senior official in the executive, legislative, administrative, military or judicial branch of the local or a foreign government or the leader of a local or foreign government or head of an international organization established by government states, or the head of an institution, of any such organization or do you maintain a close association with any such official either for personal or business reasons. **YES** ☐ **NO** ☐

If yes complete the fields below

Relationship to PEP	Name Of PEP	Country where position is/was held
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PEP's position or office held	Dates (span of years position held)
	From To

Description of PEP's official Duties

Date of PEP determination	Additional Information (if needed)
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4. PRODUCT(S) REQUESTED

- ☐ AFFIRM
 ☐ SCOTIABRIDGE
 ☐ SCOTIACRITICARE
 ☐ SCOTIAMINT
☐ LIFE SHELTER
 ☐ LIFETIME SECURITY
 ☐ SCOTIA RIF

Reason for selecting this product (eg. Savings, estate planning, debt coverage, medical/death coverage, future income)
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Source of Funds (e.g. Employment income, savings, property sale, company profits, inheritance)
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5. REFERENCE DETAIL

Name of Referee: _____ Tele #: _____

Address: _____

Name of Referee: _____ Tele #: _____

Address: _____

6. SCOTIABANK PRIVACY AGREEMENT AND ELECTRONIC COMMUNICATION AGREEMENT

☐ I agree, acknowledge and consent to the terms and conditions of the **Scotiabank Privacy Agreement** and the **Electronic Communication Agreement**, which are available to view on the company's website at jm.scotiabank.com/sjlic. I confirm that I have read and understood the terms of the agreement and that I have had the opportunity to ask questions about the agreements. I agree and acknowledge that the agreements are applicable to all products and services offered by Scotia Jamaica Life Insurance Company Limited.

7. CUSTOMER DECLARATION

☐ I confirm all funds in the policy/plan will only be used by the Policy Owner/Plan Member and will not be used for the benefit of someone other than the named individuals.

SIGNATURE OF POLICY OWNER*(I certify that to the best of my knowledge, the information provided on this form is correct)*

DATE*(DD/MM/YYYY)*

8. TAX RESIDENCY SELF-CERTIFICATION AND UNDERTAKING

- I hereby certify that the information provided on this form is correct and complete.
- I authorize Scotia Jamaica Life Insurance Company limited to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar review of Scotia Jamaica Life Insurance Company Limited for tax purposes, the information contained in this form and/or a copy of this form and to disclose to such tax authorities or such party any additional information that Scotia Jamaica Life Insurance Company Limited may have in its possession that is relevant to my qualification claimed on the basis of this certification.
- I acknowledge that information contained in this form and information regarding my Scotia Jamaica Life Insurance Company Limited accounts (including information on account balances and payments received) may be reported to the local tax authorities, and that those tax authorities may provide the information to any additional country I have listed above as being a country in which I am a resident for tax purposes.
- I undertake to advise Scotia Jamaica Life Insurance Company Limited immediately of any change in circumstances that causes the information contained herein to become incorrect and to provide Scotia Jamaica Life Insurance Company Limited with an updated Tax Residency Self-Certification form within 30 days of such change in circumstances.
- I understand that it is my obligation to provide Scotia Jamaica Life Insurance Company Limited my SSN or TIN(s) at the time it is requested. I understand that my failure to provide my SSN or TIN(s) may result in my incurring regulatory fines either directly or indirectly.

SIGNATURE OF POLICY OWNER

DATE (DD/MM/YYYY)

9. PLEASE CHECK BOX IF SIGNATURE UPDATE IS REQUIRED (Existing customers only)

☐ **SIGNATURE UPDATE (submit Driver's Licence, Voter's ID, Passport)**

SIGNATURE OF POLICY OWNER

Witnessed by (CSA/Advisor)

SECTION TO BE COMPLETED BY INSURANCE ADVISOR/CUSTOMER SERVICE REPRESENTATIVE**10. Non-Resident Indicators present? Yes ☐ No ☐ Residential Ties? Yes ☐ (Select from list below)**

- ☐ Living in the country under a work permit or student visa and require normal banking services e.g. for receiving salary or paying living expenses or other financial services e.g. for investments.
- ☐ Maintains financial services obtained in Jamaica prior to residing in another jurisdiction (whether at BNS or at another local financial institution).
- ☐ Providing financial assistance to a relative; spouse or common law partner living in the country. Reasonable evidence should be provided.
- ☐ Owning a home in the country or building one for the future and requires a bank account for the related living and property expenses and/or other financial services e.g. for retirement and estate planning. Evidence includes Copy of Title or Lease Agreement; property tax receipt; evidence to substantiate building a home (e.g. contract with contractor)
- ☐ Owning personal property in the country such as a car, furniture and require an account to facilitate payment of expenses and upkeep.

If No Residential ties are present indicate why client has chosen to open an account in the local jurisdiction

11. SOURCE OF WEALTH**Source of Wealth**

Is the client's monthly or supplementary premium over and above what is expected to be accumulated through the client's profession and occupation? ☐ Yes ☐ No

If the answer is yes state source and value of wealth.

In all instances the Narrative is required for a high risk customer, whether or not they are declaring more than reasonably assessed.

12. SITE VISIT ADDRESS VERIFICATION (to be completed if preferred exhibit for proof address is not available)

- ☐ I visited the residential address as recorded above on _____ (DD/MM/YYYY)
- ☐ I met with client (and not a representative) at the address recorded and confirmed that the residence was the current address.
- ☐ I am satisfied with the accuracy of the information gathered on the visit and can provide a description of the location.

Signature (Insurance Advisor/Customer Support Advisor)