

CLIENT INFORMATION FORM – (AFFIRM)



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POLICY/APP# _____

1. PERSONAL INFORMATION

First Name Middle Name Last Name Maiden Name

Doing Business as Name Other Citizenship Tax Jurisdiction Country

Government ID Issued By Customer ID Issue Date Customer ID Issue Parish/City/State Non-Resident?

2. PEP DETERMINATION

Relationship PEP Name

Dates (span of years position held) Country where position was held Date of PEP Determination

From To

3. PRODUCT(S) REQUESTED

- AFFIRM SCOTIABRIDGE SCOTIACRITICARE SCOTIAMINT
 LIFE SHELTER LIFETIME SECURITY SCOTIA RIF

Reason for selecting this product

Source of Funds

Source of Wealth (*High risk customers only*)

SIGNATURE OF POLICY OWNER

(I certify that to the best of my knowledge, the information provided on this form is correct)

DATE