



CUSTOMER INFORMATION FORM FOR INDIVIDUALS ONLY

Mr. /Mrs./Ms. /Miss	LAST NAME	FIRST NAME		MIDDLE NAME(S)	
Date of Birth	(DD/MM/YYYY)	Place of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality			Dual Nationality (please state other nationality)		
National Registration No.		Passport No.		Drivers Licence No.	
Permanent Residential Address	Country				
Mailing Address (IF DIFFERENT FROM RESIDENTIAL ADDRESS)	Country				
Telephone Contact INCLUDING AREA CODE (XXX) XXX-XXXX	HOME	WORK		MOBILE	
Email contact			Occupation		
Name of Employer					
Address of Employer					
Telephone Contact INCLUDING AREA CODE (XXX) XXX-XXXX	BUSINESS			FAX	
Payments	Monthly \$ _____	Quarterly \$ _____	Annual \$ _____	Semi-annual \$ _____	Lump sum/Single Premium \$ _____
Payment Method	Cash <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Third Party Cheque <input type="checkbox"/> Debit/Credit <input type="checkbox"/>				
	Other (please explain)				
				
Source of Funds/Wealth					
Salary	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Maturity of Policy	<input type="checkbox"/>
Pension	<input type="checkbox"/>	Sale of Property	<input type="checkbox"/>	Settlement of claim	<input type="checkbox"/>
Other (please explain)				

Any other comments/ details

Evidence of Source of Funds *	Provide evidence of source of funds if your monthly premium payment or amount of money contained in or paid into the policy contract is BDS \$10,000 or over BDS \$10,000.
Salary /Pension	A job letter on official letterhead signed by a Manager confirming (a) period of employment, and (b) the amount of your salary/ the amount of pension in the case of a pension payment.
Inheritance	A copy of the registered will confirming your entitlement and the amount of entitlement; or Letters of Administration and a letter of the Administrator referencing the Affidavit of Value and confirming your entitlement and the amount of your entitlement.
Sale of Property	Copy of the conveyance confirming sale of land;/Bill of Sale in the sale of a vehicle - the registration number of vehicle sold must be provided;/A copy of the official transaction record confirming sale of securities.
Maturity of Policy	Policy document confirming your entitlement and confirming maturity date of the policy.
Settlement of Claim	Deed of Release drawn up by an Attorney-at-Law confirming settlement.
RRSP	A letter on official letterhead, signed by a Manager of the financial institution confirming that the RRSP was held for you, the period it was held, and the amount held at the time of closing the RRSP before transfer to the annuity.

THIRD PARTY INTERESTS

1. Are you acting on behalf of a third party? **Yes** **No**
2. Will the ownership of this policy be transferred to another individual, or entity? **Yes** **No**
3. Is someone other than you paying for the policy? **Yes** **No**
4. Is someone other than you providing instructions or otherwise controlling this policy, **Yes** **No**
5. Is someone other than the beneficiary or you, benefiting from this policy **Yes** **No**

If any of your answers is Yes, please provide the full name of each third party below and have each third party complete the **Customer Information Form for Individuals**. If the third party is an entity, please provide the full details of the third party, (e.g. corporation or trust) and then have each third party complete the **Customer Information Form for Organisations**.

Third Party Individual

- a)
Title []
- b)
Title []

Third Party Entity

1. Type of third party entity (i.e.) a corporation; or trust; or non-profit organisation _____
2. Registered Name of the entity _____

POLITICALLY EXPOSED PERSONS (PEP)

Glossary	
PEP	A Politically Exposed Person, is an individual who has been entrusted with a prominent public function (either by a foreign country or by Barbados), for example, Heads of State, of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, or important political functions, or any family member or close associate who holds such a prominent public function. Within an international organization, Senior Management, Directors, Deputy Directors, and other members of the Board or equivalent functions are also considered to be Politically Exposed Persons.
Beneficial Owner	A person on whose behalf a policy/contract is maintained, the designated beneficiary, or any natural person exercising control over the individual, or ultimate control or ownership over the entity.

- Are you the applicant or the beneficial owner and/or the third-party of this policy, a politically exposed person? YES NO
- Is any member of your family or any close associate a politically exposed person? YES No
- Is any member of the family or close associate of the beneficial owner or third-party a politically exposed person? YES No

Complete for all politically exposed persons

Please indicate whether the politically exposed person is a family member or a close associate of the applicant, beneficial owner or third party.

Name of Politically Exposed Person	Relationship <i>(applicant, beneficial owner, family member or close associate)</i>	Position Held	Country Where Position is Held

Customer Signature _____ Date: _____

Notes

- i. The information on identity requested must be provided for each individual named in this document.
- ii. Two original identification documents must be presented to ResLife for verification, or two certified copies of the identification documents must be submitted to ResLife.
- iii. Individuals who submit a certified copy of their identification documents, must also submit a Bank Reference Letter.
- iv. The Policy Owner, the Insured, Third Parties, and the Beneficiaries must submit Information on Identity.
- v. **If original documents are not presented to ResLife for verification, please ensure that the person certifying the information appends the following:**
 - (a) Full name of the certifier
 - (b) Position or Capacity
 - (c) A declaration that the document is a true copy of the original
 - (d) Contact information – Telephone number and Address
 - (e) Signature of the Certifier
- vi. **Original documents must be certified by one of the following persons:**
 - (a) A Bank Manager of a bank in Barbados.
 - (b) An Attorney-at-Law with a valid practising licence in Barbados.
 - (c) A Magistrate in Barbados.
 - (d) A Member of the judiciary in Barbados.
 - (e) A Senior Public Servant, namely Registrar/Deputy Registrar of Corporate Affairs and Intellectual Property, Registrar/Deputy Registrar Supreme Court, Registrar/Deputy Registrar, Land Registry, Chief Personnel Officer, Personnel Administration Division, Permanent Secretary, Ministry of Home Affairs, Permanent Secretary, Ministry of Home Affairs, Permanent Secretary, Chief of Protocol, Ministry of Foreign Affairs, Chief/Deputy Chief Immigration Officer, Commissioner/Deputy Commissioner/Assistant Commissioner/Senior Superintendent of Police, or Superintendent/Assistant Superintendent of Prisons. **(of Barbados)**
 - (f) If the individual does not reside in Barbados – a Notary Public of the jurisdiction in which the individual resides.
- vii. **Proof of Address**
 - (a) The Proof of Address must be provided for each individual named in this document.
 - (b) The Proof of Address must be within the last three months of the date you submit this Form to ResLife.