

## ALTIMUM RESIDENCY AND CITIZENSHIP DECLARATION FOR NON-REGISTERED ACCOUNTS

Definitions:	PEP	Politically Exposed Person
	PEFPP	Politically Exposed Foreign Person
	PEDF	Politically Exposed Domestic Person
	HIO	Head of an International Organization
	TIN	Tax Identification Number, the equivalent of a SIN (or SSN in the U.S.)

### PART 1

1. Are you a resident of a country outside of Canada or the United States?

If yes, specify country \_\_\_\_\_

TIN number \_\_\_\_\_

2. Are you a U.S. citizen or a U.S. connected person?

\_\_\_\_ Yes \_\_\_\_ No

If so, you are because: (Check all that apply.)

\_\_\_\_ U. S. Citizenship

\_\_\_\_ Place of Residence in the U.S.

\_\_\_\_ U. S. birthplace

\_\_\_\_ I am a child of a U. S. citizen, my parents(s) is/are U. S. citizens.

If you have answered yes, please provide your Social Security Number or Individual Taxpayer Identification Number here:

SSN/TIN number \_\_\_\_\_

3. Are you:

\_\_\_\_ A citizen of Canada      \_\_\_\_ A landed Immigrant      \_\_\_\_ Neither one

4. Please answer the following question: (For Joint Accounts, each account holder must sign a separate form).

Are you or a member of your immediate family (spouse or common law partner, mother or father, child, brother, sister, half-brother or half-sister, or spouse's or common-law partner's mother or father) a person who holds or has held one of the following offices or positions in or on behalf of either Canada or a foreign country: head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attache or counselor; a military general (or higher rank); a president of a state owned company or bank; a head of a government agency, a judge, a leader or president of a political party in a legislature, or the Head of an International Organization? (Collectively known as a Politically Exposed Person, or PEP.)

\_\_\_\_ Yes      \_\_\_\_ No

5. Client address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

PART 2 (ADVISOR NOTE: If the answer in Part 1 above is 'Yes' the client must complete Part 2.)

- A. Is the client personally a PEP? PEFPP? PEDF? HIO?      \_\_\_\_ Yes      \_\_\_\_ No      If so, which? \_\_\_\_\_ Proceed to Question C.
- B. Is a family member of the client a PEP?      \_\_\_\_ Yes      \_\_\_\_ No      If yes, state the family relationship \_\_\_\_\_
- C. What is the relevant Office or Position? \_\_\_\_\_
- D. What country? \_\_\_\_\_
- E. What is the source of funds for deposit to this account? \_\_\_\_\_

Please submit all relevant documentation to Altimum Mutuals Inc. Compliance

**FOR JOINT ACCOUNTS EACH PERSON MUST SIGN A SEPARATE DECLARATION**  
BY SIGNING BELOW I DECLARE THAT THE ABOVE IS TRUE AND ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS FORM.

Client Signature \_\_\_\_\_ Client Name \_\_\_\_\_ Date \_\_\_\_\_

Rep Signature \_\_\_\_\_ Rep Code 7767 \_\_\_\_\_ Date of Determination \_\_\_\_\_

Compliance Officer Approval (Signature) \_\_\_\_\_ Date \_\_\_\_\_