

COLONIAL LIFE INSURANCE COMPANY [TRINIDAD] LIMITED

KNOW YOUR CUSTOMER (KYC) FORM

PLEASE COMPLETE IN BLOCK LETTERS



SECTION 1. CUSTOMER INFORMATION

NAME:

FIRST NAME

MIDDLE NAME

SURNAME

DATE OF BIRTH:

DD/MM/YYYY

GENDER:

MALE

FEMALE

PLACE OF BIRTH:

NATIONALITY:

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED COMMON-LAW

ADDRESS:

The above address **must** be supported by one of the following documents listed below (please indicate which is present). The document **must** be dated within the past **three (3)** months.

PROOF OF ADDRESS: TELEPHONE BILL ELECTRICITY BILL WATER BILL CABLE BILL

SECTION 2. PROOF OF IDENTIFICATION

Please indicate two (2) valid forms of identification below.

NATIONAL ID CARD #: _____

PASSPORT #: _____

DRIVER'S PERMIT #: _____

SECTION 3. CONTACT INFORMATION

TELEPHONE NUMBERS:

HOME

MOBILE

WORK

EMAIL ADDRESS: _____

SECTION 4. EMPLOYMENT INFORMATION

EMPLOYMENT STATUS: SALARIED WORKER SELF-EMPLOYED RETIRED/ PENSIONER UNEMPLOYED

EMPLOYER: _____

JOB TITLE: _____

EMPLOYER'S ADDRESS: _____

SELF EMPLOYED: (TYPE OF BUSINESS)

ATTORNEY

FINANCIAL SERVICES

RETAIL

REAL ESTATE

CONSTRUCTION

DISTRIBUTION

TRANSPORT/ TRAVEL
AGENCY

DENTIST/ MEDICAL
DOCTOR

OTHER (PLEASE SPECIFY): _____

LESS THAN 100,000

100,000 – 250,000

250,000 – 500,000

500,000 – 1,000,000

OVER 1,000,000

ANNUAL INCOME:

SECTION 5. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) INFORMATION

THIS SECTION IS TO BE COMPLETED IN ACCORDANCE WITH THE LAWS OF TRINIDAD AND TOBAGO AS THEY RELATE TO THE **FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**. PLEASE COMPLETE BY TICKING WHERE APPLICABLE.

NATIONAL OF T&T

YES

NO

US CITIZEN OR RESIDENT OF THE US FOR TAX PURPOSES

YES

NO

U.S. TAXPAYERS IDENTIFICATION NUMBER (USTIN): _____

OTHER NATIONALITY: _____

SECTION 6. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

DECLARATION OF POLITICALLY EXPOSED PERSONS- PEP (SEE ATTACHED). PLEASE TICK APPLICABLE BOX IF YOU ARE:

A. SENIOR MEMBER OF THE JUDICIARY

G. DIRECTOR ON A STATE BOARD

B. SENIOR GOVERNMENT OFFICIAL

H. SENIOR INT'L ORGANISATION OFFICIAL

C. MILITARY OFFICIAL (LIEUTENANT COLONEL OR HIGHER)

I. IMMEDIATE FAMILY MEMBER OF PEP

D. SENIOR POLITICAL PARTY OFFICIAL

J. FOREIGN PERSON (IDENTIFIED IN A-H)

E. SENIOR POLITICIAN

K. CLOSE ASSOCIATE OF A PEP

F. JUDICIAL OFFICIAL

SECTION 7. REQUIREMENTS OF THE AML LEGISLATION

1. By reason of the requirements of the Anti-Money Laundering Legislation (AML), Colonial Life Insurance Company [Trinidad] Limited requires that it be satisfied as to the identity of the client before conducting any transactions. Consent is hereby given to Colonial Life Insurance Company [Trinidad] Limited to disclose the information contained herein which in the opinion of Colonial Life Insurance Company [Trinidad] Limited is required to be disclosed by law or if requested by the Financial Intelligence Unit (FIU) OR Financial Action Task Force (FATF).
2. This form must be completed and signed by the CUSTOMER and reviewed by a Senior Manager or the Compliance Officer for customer acceptance.

SECTION 8. CUSTOMER DECLARATION

1. I declare that I have to the best of my knowledge answered all questions correctly and provided copies of the originals for verification of the information above in accordance with the applicable AML Legislation in Trinidad and Tobago.
2. I also agree that Colonial Life Insurance Company [Trinidad] Limited can disclose this application, any information contained therein, other related confidential information and transactions in this application and on accounts linked to me to law enforcement, or regulatory authorities.

_____	_____	_____
PRINT NAME	SIGNATURE	DATE

SECTION 9. FOR CLICO'S PERSONNEL ONLY

_____	_____	_____
AUTHORIZED OFFICER	SIGNATURE	DATE