



Verification of identity package

The forms contained in this package are to be used if you are not able or it is not convenient to have an in person verification of your identity performed with an authorized representative*. This identification process is required to comply with anti-money laundering regulations for your non-registered plan

Both the *Certification of personal identity* and the *Member banking confirmation authorization* forms must be completed and returned to Great-West Life.

The *Certification of personal identity* form requires that you have a guarantor who is engaged in a specified profession verify your identity. Details regarding the documents that can be used for this verification along with additional instructions can be found on the form.

The *Member banking confirmation authorization* form is to be completed by you and will authorize us to contact your financial institution to confirm the information you have provided. Additional details regarding the completion of this form can be found on the form. Note that your financial institution may charge you for this service. Contact your financial institution for details.

Once you have completed both the forms in this package, please forward them to Great-West Life.

*Authorized representative means any individual who is employed by Great-West Life group retirement services, or is a contracted advisor for the plan.

**Certification of
personal identity**
(Required to comply with anti-money
laundering regulations)
Return to Great-West Life

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by The London Life Insurance Company (the issuer), a subsidiary of Great-West.

To be completed by the member/applicant (please print):

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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MEMBER/APPLICANT INFORMATION

Last name	Initial	First name	Social insurance number	Certificate number	Occupation
			- -		

Note to member/applicant: Please provide a certified photocopy of a personal identification document which meets the conditions below, in order for us to process your application/payment.

1. Take a legible photocopy of a valid personal identification document (see point 2 below) that has not expired, as well as the original document to a guarantor (see point 3 below) for certification. Both the front and back of the original document, where applicable, are to be shown on a single photocopy, reproduced on one side of the photocopy paper only (i.e., the reverse side of the photocopy is to be blank).
2. Personal identification documents include: your birth certificate, driver's license, passport, permanent resident card, or other similar document. Documents must be valid and not expired. A preferred document is one that has your photo and signature on it. It must have a unique identification number, and have been government-issued.
3. A guarantor must be a person engaged in one of the following professions in Canada:

Dentist	Judge	Pharmacist	Lawyer	Professional accountant(CA, CGA, PA or RPA)
Medical Doctor	Magistrate	Veterinarian	Notary (Quebec)	Professional Engineer (P.Eng., Eng.)
Chiropractor	Optometrist		Notary Public	Commissioner of oaths

Instructions to Guarantor

As the guarantor, please follow these steps:

1. Attach this certification form, text side up, to the blank side of the photocopy.
2. Compare the original document to the photocopy to confirm they are identical and complete the following:

I _____
(PRINT name of person making the confirmation of identity)

certify that the photocopy to which I have affixed this certification form is a true copy of the original document (or of its relevant, identifying parts), as that original document, in its entirety, was shown to me, an unexpired

_____,
(PRINT type of identification document e.g. birth certificate, passport, driver's license used)

with issue number _____
(PRINT issue or serial number of document)

and bearing the name of: _____
(PRINT name of person concerned, e.g., driver shown on driver's licence)

Signature: _____

Address: Street and number: _____

Town/City: _____

Province and postal code: _____

Profession in which I am engaged (in Canada): _____

Date of signing / certification of identity: _____

3. Sign and date the photocopy image and write "**Certified to be a true copy**".

**Authorization to
 confirm banking
 information**

Return to Great-West Life

This form is to be used in combination with the *Certification of personal identity* form when a member/applicant of a non-registered group retirement plan is required to provide proof of identity and identification in person is not possible or convenient. Signing this form will provide authorization for Great-West Life to contact the applicable financial institution to confirm the banking information provided. Financial institutions may charge for this service and should be contacted for details.

The Great-West Life Assurance Company (Great-West) provides services for group retirement plans issued by The London Life Insurance Company, a subsidiary of Great-West.

To be completed by the member/applicant (please print):

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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MEMBER/APPLICANT INFORMATION

Last name	Initial	First name	Social insurance number	Certificate number
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Please attach a void cheque or provide the **Financial Institution & Account information below**

FINANCIAL INSTITUTION & ACCOUNT INFORMATION

Financial Institution Name	Address of Financial Institution (include street address, city, province and postal code)	Account #
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I, the member/applicant, give consent to Great-West to contact the financial institution noted above to confirm the information provided on this form for the purposes of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)*. I also consent to this form being released to my financial institution for purposes of verifying my authorization.

Signed at _____ Date _____
 City Province

Signature of member/applicant _____