



Compliance tool for advisors

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# Obligations of independent advisor and / or office to the customer

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*In this file you will find tools and advices in order to meet the compliance standards in insurance regarding your share with the customer.*

## **CLIENT FILE & RECORD RETENTION**

To comply with privacy requirements in setting up and maintaining a complete client file, you should adhere to the following:

1. Obtain the Client's Authorization to collect, use, communicate and retain the client's personal information.
2. Only collect and keep information required to do your job; that is, to determine the needs of your client, to recommend the appropriate products and provide ongoing service. You are personally responsible for all information in the file. Do not keep information that is not required to carry out these tasks.
3. Collect client information directly from the client and do not release this information to a third party without your client's authorization.
4. Keep client files secure and the information confidential. Do not leave client information exposed where it could be viewed by others. Use a shredder when disposing of material containing personal client information.
5. Privacy laws allow clients certain rights of access to their files. Only keep what is relevant to your business dealings with your clients in your file.

### **Important – Client Authorization**

It is prudent to keep in your files only information related to the sale of financial security and investment products. If you believe you have a need to keep any additional information or documents (like those from examples above), we recommend that you adhere to the following:

1. You should have the client sign the appropriate area(s) of the [Authorization form](#) allowing you to retain this material.
2. You are solely responsible for the safe keeping of this material, for maintaining its confidentiality and for its return to the client.
3. You must give the customer the analysis documents that you used for your recommendations. To demonstrate that the documents were handed over, we suggest you print the acknowledgement below:

[Download the acknowledgement](#)

## Your client file should include:

appropriate client privacy consent(s)\*  
advisor disclosure form signed by the client  
fact find (including client name, date of birth, address, telephone and fax numbers, e-mail\*), financial/retirement needs analysis, client's objectives, goals and priorities  
proposals and recommendations  
documentation when a client decides not to act on recommendations  
investment risk assessment (Discovery or a similar program)  
in-force illustrations discussed or reviewed with clients and any additional notes or comments attached  
sales aids and/or illustrations used in presentations  
copy of form completed at the time of replacement of an insurance policy  
copies of savings/investment/income applications where applicable  
date of signature of the application or of the request for service, the mode(s) and date(s) of payment of the product sold or of the service rendered\*

in-force delivery illustration with The Policy Delivery Receipt and Acknowledgement page  
copies of subsequent trading transaction forms  
limited trading authorizations and MTAF (multiple transaction authorization form)  
forms from various transactions/requests (e.g. use of funds form, loan/dividend requests, premium vacation form, client service request form)  
copies of correspondence (from advisor, client or home office), including emails, letters, and faxes  
summary of discussions or meetings with clients  
log of telephone conversations, noting the date and nature of the call and of unsuccessful attempts to contact the client, to verify your attempts to provide proper service  
documentation of client concerns and complaints  
Group files: Name of policyholder, name of contact person for policyholder, all bids and proposals\*  
Financial Planner (F.PI.) files: Mandate (engagement letter) and report of the F.PI.\*

\* A requirement in Quebec, best practices otherwise

## What you should not keep in your client files

Information and materials, which are not needed to meet the obligations of your duties as a financial security advisor, should not be in your client files.

These include, but are not limited to:

- copies of life insurance applications, in whole or in part, including medical and lifestyle information
- original insurance policies
- wills
- powers of attorney
- marriage certificates
- income tax returns or notices of assessment
- mortgage/real property ownership papers

This list will allow you to verify that all required elements are present in your customer file:

[Quebec Client File Checklist](#)

## NEEDS ANALYSIS

You must make a diligent effort to obtain full information about the financial and personal circumstances of every client or prospective client prior to making a product recommendation. Any specific product choice or recommendation should be made on a fair and balanced basis.

The following information must be taken into consideration:

- insurance needs;
- existing policies or contracts (features, names of the issuing insurers);
- income;
- financial situation;
- number of dependents;
- personal obligations;
- family obligations.

We strongly recommend the use of software and other tools to assist in determining a client's or prospective client's needs.

**Example:** with regard to sales of Canada Life segregated funds, it is recommended that an asset allocation tool, such as *Canada Life Asset Allocation Software* (CLAAS), be used to determine the appropriate asset allocation for your clients and prospective clients, based on their risk profiles and on important information provided by CLAAS on the funds recommended. You should ensure the results of the needs analysis are clearly documented and retained in the client's file.

### What if the client refuses?

Sometimes it happens that a client is reluctant. He maybe does not want to provide personal or financial information.

It is important to know that **you cannot be relived of your obligation to proceed to the need analysis, and this, even with the written consent of your client.** Your obligations in this matter are mandatory, and you must comply.

[Download the Financial Outline](#)

## **MANAGING CONFLICTS OF INTEREST**

### **Priority of client's interest**

You must always act in the best interest of your client when providing advice. This means placing the interests of your client above your direct and even indirect personal interest. A "conflict of interest" occurs when your actions or private interests interfere, or may reasonably be perceived to interfere, in any way with your ability to act solely based upon the interests of the client. A conflict situation may arise when you take actions or have interests that may make it difficult for you to effectively determine or recommend the products most appropriate for the client. A conflict may also arise if outside activities affect or appear to affect your judgment to act in the best interest of clients.

### **Disclosure of actual or potential conflicts of interest**

You must provide written disclosure information about your background, your business, and your method of compensation to clients in order to give notice of actual or potential conflicts of interest. You must also comply with any applicable industry and legislative requirements in this regard. This includes disclosing in writing to a client or prospective client any conflict of interest or potential conflict of interest that is associated with a particular transaction or your recommendation. This information assists clients in assessing the objectivity of advice offered by you. Your strict compliance with disclosure requirements is important in enhancing consumer confidence in you, our products, and our industry.

### **Key areas for disclosure**

Before you complete a sales transaction, you need to disclose five items to a client in writing. These are:

- The financial services companies you represent;
- The nature of the relationship between you and an insurance company;
- How you're compensated and by whom;
- If you may be eligible for additional compensation, including cash or non-monetary compensation;
- Potential conflicts between your interests and those of the client.

### **Template for client's disclosure letter**

We suggest printing the letter template below:

[Voluntary Communication of Information](#)

[Disclosure Notice](#)

# Obligations, measures and policies of an independent advisor and / or cabinet

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*In this section you will find tools and advices in order to meet the compliance standards in insurance regarding your obligations as an independent advisor and/or cabinet.*

## **MONEY LAUNDERING & TERRORIST REPORTING**

### **What is money laundering?**

Designated offenses include drug trafficking commonly associated with money laundering, but they also include the following acts:

Bribery of judicial officers	Bribes
Operating a gambling house	Theft
Child Pornography	Tampering of market operations
Taking bets	Extortion
Breach of trust by a public servant	Fraud against the State
Forgery	Possession or development of circulation counterfeited
Murder	Corruption of morals
Operating a brothel common for child prostitution	Fraud
Robbery	Tax evasion

You must familiarize yourself with the requirements of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and comply. Under this legislation, any person, including financial advisors and mutual fund representatives, who performs transactions with customers must:

- Report any suspicious transactions and attempted suspicious transaction to the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC) and if applicable, the RCMP and CSIS, whether the operation is linked to money laundering, financing of terrorist activities or tax evasion;
  - [Overview of indicators of suspicious transactions](#)
- Submit a declaration of property belonging to a terrorist group to FINTRAC if the person conducting the transaction is in possession or control of a property deemed to belong to a group terrorist or be controlled on behalf of a terrorist group.

You can find more information on FINTRAC's Web site:

- Your obligation to report suspicious transactions
  - [Suspicious Transaction Report Form](#)
- How to fill in a declaration in the FINTRAC's Web site:
  - <http://www.fintrac-canafe.gc.ca/publications/guide/guide-eng.asp>

## **RECORD OF COMMISSIONS**

The commissions register contains the following information:

- Details of each commission;
- The contract number or customer name;
- The customer's name, the insurer or any other person who paid a commission to the firm, society or independent representative;
- The statement about each commission;
- Details of any shared commissions.

In your Virtgate profile in the "Posted commissions" section, you will find almost all the information so you do not need to create a register of commissions. The information is already compiled for you. However, please note that your commission statements are available on the insurers' website.

## **COMPLAINTS HANDLING POLICIES**

All firms, independent representatives and firms are required to have a complaints policy and keep a record for each complaint received.

[Complaints Policy](#)

## **BUSINESS CONTINUITY PLAN**

All firms, independent representatives and firms must develop a business continuity plan. We suggest you print the business continuity plan that is below:

[Business continuity plan](#)

## **COMPLIANCE PROGRAM**

The "Law on the Proceeds of Crime and Terrorist Financing" requires that firms, independent partnerships and independent representatives endow a compliance policy.

[Compliance program](#)

## **PROTECTING YOUR PRACTICE AND YOUR CLIENTS' CONFIDENTIAL INFORMATION**

It's important for all of us to be diligent about protecting our clients' information. Establishing effective controls, security and privacy practices – and ensuring the personal information you collect is protected – helps maintain client trust and confidence.

Here are some ways to protect confidential information:

[Download the Privacy breach procedure](#)



# Forms

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*All forms mentioned above in this paper are in this section below.*



# Acknowledgment

The customer  
« client »

The advisor  
« advisor »

Ref. no / Folder no /  
Application no / Policy no

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I, the undersigned "Client", confirms receipt by my "advisor", of a duly completed needs analysis of my financial needs. By signing this acknowledgment, I affirm that I understand and accept the financial solution proposed to me by my "advisor".

Signed in :

Date :

Customer signature :

CONFIDENTIAL

## FINANCIAL OUTLINE

### YOU

Last Name \_ First name \_ Init. \_  
Address \_ Postal code \_  
Home telephone \_ Cellular \_ E-mail \_  
Date of birth \_ Marital status \_ SIN (optional) \_  
YEAR / MONTH / DAY  
 Owner  Co-owner  Tenant Since \_  
 Smoker  Non smoker Since \_  
Employer Since \_ Position  
Address \_ Office telephone \_

### YOUR SPOUSE

Last Name \_ First name \_ Init. \_  
Address \_ Postal code \_  
Home telephone \_ Cellular \_ E-mail \_  
Date of birth \_ Marital status \_ SIN (optional) \_  
YEAR / MONTH / DAY  
 Owner  Co-owner  Tenant Since \_  
 Smoker  Non smoker Since \_  
Employer Since \_ Position  
Address \_ Office telephone \_

### YOUR CHILDREN AND/OR DEPENDENT

First name and Last name	Date of birth <small>YEAR / MONTH / DAY</small>
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL BALANCE SHEET AS OF: \_

ASSETS		
Liquidities		
Investments		
Vehicles		
Furniture and personal effects		
Commercial assets		
Real estate		
Other		
<b>TOTAL ASSETS</b>	<b>0,00</b>	<b>0,00</b>

LIABILITIES		
<b>LINE OF CREDIT</b>		
authorized	\$	%
authorized	\$	%
<b>LOANS</b>		
payments	\$	%
payments	\$	%
<b>CREDIT CARDS</b>		
authorized	\$	%
authorized	\$	%
authorized	\$	%
authorized	\$	%
<b>MORTGAGE</b>		
payments	\$	%
term	maturity date	
other		
<b>TOTAL LIABILITIES</b>	<b>0,00</b>	<b>0,00</b>
<b>NET WORTH</b>	<b>0,00</b>	<b>0,00</b>

SOURCES OF INCOME		
<b>TOTAL INCOME</b>	<b>0,00</b>	<b>0,00</b>

EXPENSES		
<b>TOTAL EXPENSES</b>	<b>0,00</b>	<b>0,00</b>
<b>BUDGET EXCESS</b>	<b>0,00</b>	<b>0,00</b>

## INVESTMENTS

Company	Owner	®	Type	\$	Date	Redemption fee	Maturity date

## RRSP CALCULATOR

Number of years prior to retirement \_\_\_\_\_ Number of years during retirement \_\_\_\_\_ Desired revenue (in current dollars) \_\_\_\_\_ \$

PROJECTED INTEREST RATE: Interest % \_\_\_\_\_ Inflation % \_\_\_\_\_

Do you participate in a retirement plan?  With known contributions  With known returns

What is your amount of unused RRSP contributions? \_\_\_\_\_

## INSURANCE

Type of contract:	Insured	Company	Product	Date of issue	Protection amount \$	Premium	Surrender value	Beneficiary
L-DI-CI-LTC								

## NEEDS ANALYSIS AT DEATH

	Funeral and last expenses:	Passing of:
Outstanding debts		
Estate settlement costs		
Debts to pay		
Taxes and other expenses		
Education fund		
Family income to maintain	\$ _____ / number of years: _____	\$ _____ / number of years: _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

## NOTES

# PLANNING OBJECTIVES

## FAMILY

marriage / children / education / buying a first or second property / special projects

## INTERESTS

vacations / sports / hobbies / travel / associations / volunteer work / special projects

## CAREER

satisfaction / training / promotion / change / retirement or return to work / purchase of a business / special projects

## FINANCES

Incomes / expenses / savings methods / current and future investments / mortgage / loans / inheritance

## RETIREMENT

age / occupation / residence / leisure / sports / activities / travel

## ESTATE

Planned giving, will, bequest

## COMPANY

Shareholder agreement, Income Loss Replacement Plan, corporate disbursement

## NOTES

### DO YOU HAVE

Marriage Contract	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Incapacity mandate	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Common law contract	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Financial commitment	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Divorce decree	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Notary	_____	_____
Will	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Financial advisor	-	_____

**AUTHORIZATION**  
**For the creation of a client file and**  
**for additional personal information or documents**

I authorize \_\_\_\_\_, my financial security advisor (“representative”) to create and maintain a client file for me. This file will contain personal information related to me and will include the coordinates I have provided below which will be collected and used in order to assess my financial situation, contact me to offer products and services that may be of interest and benefit to me, and assist me with the ongoing services, changes or benefits and claims, and fulfill such other purposes as are directly related to the preceding. This personal information may include records of meetings and phone calls, and instructions that I give in regards to the products and services that I have purchased or wish to purchase or consider. Disclosure of my personal file will be limited to:

- my representative, companies my representative represents in providing, or seeking to provide, products or services to me (including their employees and persons authorized by either of them, when the information is required for the performance of the person’s duties on their behalf);
- persons I have granted access; and
- persons allowed by law.

In addition, it is understood and agreed that:

	<b>Yes</b>	<b>No</b>	<u>Initials</u>	<u>Effective on</u>
Personal information concerning my financial security planning will be maintained with those of my spouse*	<input type="checkbox"/>	<input type="checkbox"/>		
My representative is authorized to hold “additional” personal information or documents** (originals or copies) containing my personal information, provided by me or with my authorization.	<input type="checkbox"/>	<input type="checkbox"/>		
My preferred method for communicating with my representative for the purpose of this authorization:	<b>Yes</b>	<b>No</b>		
▪ Telephone/voicemail: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-mail: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Fax: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ In writing: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Other(s): _____	<input type="checkbox"/>	<input type="checkbox"/>		
For your convenience, we can contact you by e-mail or fax. However, please note that the use of email and fax are not secure mediums and personal information should be transmitted by more secure means.				
Disclosure of my personal information may also be made to _____ to allow him/her to render financial security planning services to me.				

\* An Authorization for the creation of a client file and for additional personal information or documents signed by the spouse is also required.

\*\* “Additional” personal information or documents

“Additional” personal information is personal information which extends beyond what is required to be kept, according to the company offering products and/or services for the purposes of a representative’s client file, as outlined in the first paragraph. Examples of personal information and documents are:

- Original insurance policies
- wills
- powers of attorney
- marriage certificates
- income tax returns/ notices of assessment
- mortgage/ real property ownership papers
- other(s): \_\_\_\_\_

I understand, acknowledge, and agree that companies my representative represents in providing, or seeking to provide, products or services to me will not be in any way responsible for any "additional" documents I deposit with my representative, and will not be liable for any loss, use, disclosure, safekeeping, or return of such documents.

This does not apply, however, to any document or information that is requested by companies my representative represents in providing, or seeking to provide, products or services to me and given by me to my representative for immediate transfer to the head or administrative offices of either companies my representative represents in providing, or seeking to provide, products or services to me, as applicable.

I understand that in accordance with applicable laws and upon my request, my representative will make the information that is the object of the present authorization available to me and that I have the right to request correction of such personal information.

This authorization is valid until revoked. I may revoke in whole or in part this authorization at any time by sending a written notice to my representative. A reproduction of this authorization will be as valid as the original.

Signature of client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of representative: \_\_\_\_\_

Date: \_\_\_\_\_



# QUEBEC CLIENT FILE CHECKLIST

## General – File Content

	Client consent to keep personal information (keeping a client file, third party access, out of country storage notification, sharing of information with spouse, etc.) <input type="checkbox"/> Privacy commitment and your client file form <input type="checkbox"/> Spouse's authorization – <i>if applicable</i> <input type="checkbox"/> Insured's authorization – <i>If applicable</i>
	Client information: name, date of birth, address, phone numbers (fax number and email address - <i>if applicable</i> ) (e.g. Client Portfolio summary – Advisor Site)
	Advisor disclosure statement – client signed copy
	Fact Find <input type="checkbox"/> Acknowledgement receipt
	Needs analysis <input type="checkbox"/> Life <input type="checkbox"/> Living benefits <input type="checkbox"/> Segregated funds <input type="checkbox"/> Group
	Copy of insurance application, including medical and lifestyle information
	Sales aids and/or product illustrations used
	Advisor's recommendations <input type="checkbox"/> Trainees: Recommendations approved and signed by supervisor
	Confirmation of the client's decision to not follow the advisor's recommendations despite explanation regarding risk
	Date of application, method(s) and date(s) of payment for the product sold (e.g.: notes to file, policy summary, etc.)
	Copies of correspondence (from the advisor, client or head office), including email messages, letters and faxes
	Dated summary of discussions or meetings with the client
	Telephone conversation log and failed attempts (e.g.: request for service from client, offer of service by advisor), including date and nature of calls, to demonstrate adequate service
	Advisor notes; detail client meetings, support recommendation and final sale
	<u>Financial planner files:</u> Mandate and report from the financial planner
	<u>Group insurance files:</u> Mandate letter
<b>a) Insurance – Life and Living Benefits</b>	
	Illustrations of existing insurance that was discussed or reviewed with clients, additional notes or comments that were attached (including policy numbers and issue dates)
	Policy replacement: <input type="checkbox"/> Notice of replacement of insurance of persons contract <input type="checkbox"/> Proof copy sent to existing and new insurer
	Forms/confirmations related to various transactions or requests (e.g. requests regarding the use of funds, requests regarding dividends or advances, premium vacation forms, client service requests).
	For Universal Life insurance, evaluation of risk profile (Investment Voyager)
<b>b) Segregated funds</b>	
	Evaluation of risk profile (Investment Voyager)
	Asset allocation refusal form, where applicable
	If a <i>Transaction Authorization</i> form (TA) was signed, a copy is kept in the file. Were the client's instructions documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Copies of applications (requests) for savings and/or income products
	Copies of subsequent transaction forms/confirmations
	Documentation supporting the leverage loan, if applicable – <u>see the leverage loan checklist</u>

## Do not keep

Original documents belonging to clients such as insurance policies, statements issued by other companies, wills, powers of attorney, marriage certificates, income tax returns or notices of assessments, mortgage loan or property title documents

Client copies of documents

## Sales Support Checklist

Requirements	
	Needs analysis tool used (NaviPlan, Investment Voyager for Segregated Fund and Universal Life insurance policies)
	Fact Find includes: Client/insured needs/goals and priorities
	Other policies and/or contracts
	Policy features
	Issuers' name
	Income
	Financial situation
	Marital status/dependent(s)
	Family/personal obligations
	Other required elements
	Mandate (group insurance) includes: Client name and designated resource person
	Nature and scope of the mandate
	Needs analysis
	In the case of a call for tenders for one or more products, a comparison of guarantees including costs and differences observed
	In the case of a renewal, the description of the existing plan and an analysis of the group's experience
	Assets and liabilities for Segregated Fund policies
	Advisor's recommendations
	Recommendations correspond to needs identified. If not, justification documented
	Refusal to follow recommendations documented - <i>if applicable</i>
	Investments correspond to investor profile
	Investments risks explained and documented - <i>if applicable</i>
	If the investments do not correspond to the investor profile, acknowledgment and/or documentation to support this discrepancy

## Leverage loan checklist

Requirements	
	Duly completed fact find (Freedom 55 Financial Security Profile (form #46-3272 or #46-3229)
	Income confirmation (copy of recent pay stub or of notice of assessment)
	Needs analysis tool used (ex: Naviplan)
	Investment Voyager profile
	Naviplan illustration "Leverage vs. Dollar Cost Averaging"
	Signed Checklist Borrowing to Invest (form #46-5314)
	Signed Leverage Suitability Worksheet, if applicable (form #46-6923)
	Investment transaction form and confirmations

Voluntary communication of information concerning the practice of \_\_\_\_\_, acting as financial security advisor.

Dear Sir or Madam:

In the role of financial security advisor, my work consists of advising you and guiding you towards financial independence. Through our meetings, I will gather personal and financial information about you in order to clearly establish your needs and goals. I will recommend objective and attainable solutions following my analysis of your current financial situation and your future needs. My evaluation and recommendations will be impartial and in your best interest.

I hold a valid certificate (No. 123456) as an independent representative, issued by the Autorité des Marchés Financiers, which authorizes me to carry out the following disciplines in Quebec: Insurance of persons – Segregated funds – Group insurance of persons – Financial planning – Group savings plan.

I have contracted a distribution agreement with the firm AgenZ Group Inc. situated in Laval, which gives me the opportunity to offer you financial products from the following companies: BMO Insurance – Canada Life – Manulife Financial – Empire Life – RBC Insurance - Standard Life – Transamerica.

If you decide to subscribe to all your financial products through me, I will receive a sales commission after setting up your contract. I may also receive remuneration as long as the contract remains in effect and when you perform certain operations. Further, I may be eligible for additional remuneration and for benefits such as bonuses, incentives in the form of travel or other non-monetary compensation, dependent on the quality of my production, my business volume and other factors.

I therefore declare that there is no conflict of interest in the sale of the products proposed to you and that my recommendations are founded in my analysis and my evaluation of your financial needs based on the information you have provided.

I would be happy to discuss any aspect of my remuneration for the services I provide and of my commitments and obligations as an advisor.

Read and signed at \_\_\_\_\_, on \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Client

\_\_\_\_\_  
Advisor

## Overview of indicators of suspicious transactions

INDICATORS	YES	NO
Admits or makes statements about involvement in criminal activities		
Refuses to receive correspondence from home		
Appears to have accounts with several financial institutions in one area for no apparent reason		
Repeatedly uses an address but frequently changes the recipient's name		
Shows an unusual curiosity about your systems, controls and internal policies		
Has only a vague idea of the deposit amount		
Justifies or explains excessively		
Has a commercial or residential phone number that is no longer in use or when you try to reach the client, you find that this number does not exist soon after the account opening		
Insisted that the operation be performed quickly		
Seems to have recently established a series of new business relationships with different financial entities		
Incoherently presents the operation		
Tries to establish close relations with staff		
Uses aliases and many similar addresses but different		
Uses a post office box, general delivery or another type of mailbox, instead of a street address, whereas this is not the norm in this sector		
Offers you money, gratuities or unusual favors for the provision of services that may appear unusual or suspicious		



# Suspicious Transaction Report

If you have the capability to report electronically, **DO NOT** use this paper form. Refer to the reporting section of FINTRAC's Website — <http://www.fintrac-canada.gc.ca>

Use this form if you are reporting an entity and you have reason to suspect that a financial transaction is related to money laundering or terrorist activity financing. For more information about who is considered a reporting entity and for instructions on how to complete this form, see *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper* or call FINTRAC's toll-free enquiries line at 1-866-346-8722.

Send completed form by mail: FINTRAC, Section A, 234 Laurier Avenue West, 24th Floor, Ottawa, Ontario K1P1H7  
 or send completed form by fax: 1-866-226-2346

Is this Report a correction to a Report previously submitted?

NO

YES

**Transaction status indicator \***

C/M\*/LE/ED

A//EM\*/ED

U E"li À...i ce À"j" > ßk ce À"½ ÀD>li >" /"i

D>li ( 2 | 0 | | | | | | | | | ) Time ( | | | | | )

9EA, MONTH DA9 HOUR MI 1/E

U C"M\*LE/E\*A, / A q Ü...i l...i À l...i ~vce A">l'ce ~...>À V...>)j' ce A"ce l

U\*À ce Ü^ i l...i iÜ~vce A">l'ce" L9vce À l...i>vvi Vli' v i @' À

in Part B through Part H

Ulv A" ce Ü"j" ~vce A">l'ce v À ce">v i @' À @' i l... À ce Ø )... l . i v i @'

**REPORTING DATE** ( 2 | 0 | | | | | | | | | ) **TIME** ( | | | | | )

9EA, MONTH DA9 HOUR MI 1/E

All fields of the report marked with an asterisk (\*) must be completed. The ones that are also marked "if applicable" must be completed if they are applicable to you or the transaction being reported. For all other fields, you have to make reasonable efforts to get the information.

**PART A — Information about where the transaction took place**

1. Reporting entity's identifier number\* (if applicable) \_\_\_\_\_

2. Reporting entity's full name\* \_\_\_\_\_

**Where did the transaction take place?**

3. Street address\* \_\_\_\_\_

4. City\* \_\_\_\_\_

5. Province\* \_\_\_\_\_ 6. Postal code\* \_\_\_\_\_

**Whom can FINTRAC contact about this report?**

6A. Reporting entity report reference number \_\_\_\_\_

7. Contact — Surname\* \_\_\_\_\_ 8. Contact — Given name\* \_\_\_\_\_ 9. Contact — Initial/Other \_\_\_\_\_

10. Contact — Telephone number (with area code)\* \_\_\_\_\_ 10A. Contact — Telephone extension number \_\_\_\_\_

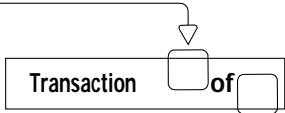
11. Which one of the following types of reporting entities best describes you?\*

<input type="checkbox"/> Accountant	<input type="checkbox"/> Casino	<input type="checkbox"/> Dealer in Precious Metals and Stones	<input type="checkbox"/> Provincial Savings Office
<input type="checkbox"/> Bank	<input type="checkbox"/> Co-op Credit Society	<input type="checkbox"/> Life Insurance Broker or Agent	<input type="checkbox"/> Real Estate
<input type="checkbox"/> British Columbia Notary	<input type="checkbox"/> Credit Union	<input type="checkbox"/> Life Insurance Company	<input type="checkbox"/> Securities Dealer
<input type="checkbox"/> Caisse Populaire	<input type="checkbox"/> Crown Agent (Sells/Redeems Money Orders)	<input type="checkbox"/> Money Services Business	<input type="checkbox"/> Trust and/or Loan Company

If you are an **employee** of a reporting entity and you are making this report about a suspicious transaction that you did **not** report to your superior, there are special instructions for you to complete several of the fields in this part. Please refer to the instructions for completing a suspicious transaction report in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.



NOTE: Please copy this page for each additional, related, suspicious transaction (if required).



### PART B1 — Information about how the transaction was initiated

If the transaction being reported was attempted and, because of this, information for any mandatory fields in this part is not available, you can leave those fields blank.

1. Date of the transaction \*      2. Time of the transaction      4. Date of posting (if different from date of transaction)

YEAR	MONTH	DAY	HOUR	MINUTES	SECONDS	YEAR	MONTH	DAY
2	0					2	0	

or

3. Night deposit indicator \*  
 If the transaction was **not** a night deposit, leave this box empty.

5. Detail of funds involved in initiating the transaction \*

<input type="checkbox"/> Cash in	<input type="checkbox"/> Negotiated bank draft	<input type="checkbox"/> Negotiated securities	<input type="checkbox"/> Real estate
<input type="checkbox"/> Diamonds	<input type="checkbox"/> Negotiated cheque	<input type="checkbox"/> Negotiated traveller's cheques	<input type="checkbox"/> Redeemed casino chips
<input type="checkbox"/> Incoming electronic funds transfer	<input type="checkbox"/> Negotiated life insurance policy	<input type="checkbox"/> Precious metals	<input type="checkbox"/> Withdrawal from account
<input type="checkbox"/> Jewellery	<input type="checkbox"/> Negotiated money order	<input type="checkbox"/> Precious stones (excluding diamonds)	<input type="checkbox"/> Other DESCRIPTION (OTHER)

6. Amount of transaction \*  
\_\_\_\_\_

7. Transaction currency code \* - Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, see Appendix 1 in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper.*

Additional information about the funds described in field 5 above

8. Other institution name and number or other entity or person name \* (if applicable)

\_\_\_\_\_

9. Other entity or person account number \* (if applicable)

\_\_\_\_\_

10. How was the transaction conducted? \*

<input type="checkbox"/> Armoured car	<input type="checkbox"/> In-branch/Office/Store	<input type="checkbox"/> Quickdrop
<input type="checkbox"/> Automated banking machine	<input type="checkbox"/> Mail deposit	<input type="checkbox"/> Telephone
<input type="checkbox"/> Courier	<input type="checkbox"/> Night deposit	<input type="checkbox"/> Other DESCRIPTION (OTHER)

11. ID number of the person initially identifying a suspicious transaction

\_\_\_\_\_



**NOTE: Please copy this page for each additional, related, disposition (per transaction) (if required).**

Transaction  Disposition  of

**PART B2 — Information about how the transaction was completed**

If the transaction being reported was attempted and, because of this, information for any mandatory fields in this part is not available, you can leave those fields blank.

Indicate whether this transaction was conducted on behalf of anyone other than the individual who conducted it. If not, indicate "not applicable."

- On behalf of:**  not applicable  another individual (also complete PART F)  
 an entity (other than an individual) (also complete PART E)  employee depositing cash to employer's business account

**12. Disposition of funds \***

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Cashout                                | <input type="checkbox"/> Outgoing electronic funds transfer | <input type="checkbox"/> Purchase of jewellery                            | <input type="checkbox"/> Purchase of traveller's cheques |
| <input type="checkbox"/> Conducted currency exchange            | <input type="checkbox"/> Purchase of bank draft             | <input type="checkbox"/> Purchase of money order                          | <input type="checkbox"/> Real estate purchase/deposit    |
| <input type="checkbox"/> Deposit to an account                  | <input type="checkbox"/> Purchase of casino chips           | <input type="checkbox"/> Purchase of precious metals                      | <input type="checkbox"/> Securities purchase/deposit     |
| <input type="checkbox"/> Life insurance policy purchase/deposit | <input type="checkbox"/> Purchase of diamonds               | <input type="checkbox"/> Purchase of precious stones (excluding diamonds) | <input type="checkbox"/> Other <input type="text"/>      |
- DESCRIPTION (OTHER)
- POLICY NUMBER

**13. Amount of disposition \***

**14. Disposition currency code \*** — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, see Appendix 1 in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.

**Additional information about the funds described in field 12 above**

**15. Other institution name and number or other entity or person name \*** (if applicable)

**16. Other entity or person account number or policy number \*** (if applicable)



**NOTE: Please copy this page for each additional disposition (if applicable).**

**PART C — Account information, if the transaction involved an account**

Transaction

Disposition

If the transaction being reported was attempted and, because of this, information for any mandatory fields in this part is not available, you can leave those fields blank.

Complete this Part ONLY if the transaction involved an account.

1. Branch or transit number where the account is held \* (if this part is applicable)

2. Account number \* (if this part is applicable)

3. Type of account \* (if this part is applicable)

Business

Personal

Trust

Other

DESCRIPTION (OTHER)

4. Account currency code \* (if this part is applicable) — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, see Appendix 1 in

*Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper.*

5. Full name of each account holder (the individual(s) or entity that holds the account) \* (if this part is applicable)

1

2

3

6. Date opened

7. Date closed

8. Status of the account at the time the transaction was initiated \* (if this part is applicable)

YEAR MONTH DAY

20 YEAR MONTH DAY

Active

Inactive

Dormant





**NOTE: Please copy this page for each additional transaction (if applicable).**

**Transaction**

**PART D – Information about the individual conducting the transaction**

1. Surname 2. Given name 3. Other/Initial

\_\_\_\_\_

4. Client number assigned by reporting entity\* (if applicable)

\_\_\_\_\_

5. Street address

\_\_\_\_\_

6. City

\_\_\_\_\_

7. Province or State 8. Country

\_\_\_\_\_

9. Postal or Zip code

\_\_\_\_\_

10. Country of residence 10A. Country of citizenship

\_\_\_\_\_

11. Home telephone number (with area code)

\_\_\_\_\_

12. Individual's identifier

Birth certificate   
 Driver's licence   
 Passport   
 Provincial health card   
 Record of landing / Permanent resident card  
 Other \_\_\_\_\_  
DESCRIPTION (OTHER)

13. ID number (from question 12)

\_\_\_\_\_

14. Place of issue – Province or State

\_\_\_\_\_

15. Place of issue – Country

\_\_\_\_\_

16. Individual's date of birth

\_\_\_\_|\_\_\_\_|\_\_\_\_  
YEAR MONTH DAY

17. Individual's occupation

\_\_\_\_\_

18. Individual's business telephone number (with area code) 18A. Telephone extension number

\_\_\_\_\_

**Information about individual's employer**

19. Individual's employer

\_\_\_\_\_

20. Employer's street address

\_\_\_\_\_

21. Employer's city

\_\_\_\_\_

22. Employer's province or state 23. Employer's country

\_\_\_\_\_

24. Postal or Zip code

\_\_\_\_\_

25. Employer's business telephone number (with area code) 25A. Telephone extension number

\_\_\_\_\_



**NOTE: Please copy this page for each additional disposition (if required).**

Transaction

Disposition

**PARTE—Information about the entity on whose behalf the transaction was conducted (if applicable)**

1. Name of corporation, trust or other entity

\_\_\_\_\_

2. Type of business

\_\_\_\_\_

3. Street address

\_\_\_\_\_

4. City

\_\_\_\_\_

5. Province or State

6. Country

\_\_\_\_\_

\_\_\_\_\_

7. Postal or Zip code

\_\_\_\_\_

8. Business telephone number (with area code)

8A. Telephone extension number

\_\_\_\_\_

\_\_\_\_\_

9. Incorporation number

\_\_\_\_\_

10. Place of issue—Province or State

11. Place of issue—Country

\_\_\_\_\_

\_\_\_\_\_

12. Individual(s) authorized to bind the entity or act with respect to the account (up to three)

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_



NOTE: Please copy this page for each additional disposition (if required).

Transaction

Disposition

**PART F—Information about the individual on whose behalf the transaction was conducted (if applicable)**

1. Surname  2. Given name  3. Other/Initial

4. Street address

5. City

6. Province or State  7. Country

8. Postal or Zip code

9. Home telephone number (with area code)

10. Business telephone number (with area code)  10A. Telephone extension number

11. Individual's date of birth   
YEAR MONTH DAY

12. Individual's identifier

Birth certificate  Driver's licence  Passport  Provincial health card  Record of landing/Permanent resident card

Other   
DESCRIPTION (OTHER)

13. ID number (from question 12)

14. Country of residence

14A. Country of citizenship

15. Place of issue of individual's identifier — Province or State

16. Place of issue of individual's identifier — Country

17. Individual's occupation

**Information about individual's employer**

18. Individual's employer

19. Employer's street address

20. Employer's city

21. Employer's province or state  22. Employer's country

23. Postal or Zip code

24. Employer's business telephone number (with area code)  24A. Telephone extension number

**Relationship**

25. Relationship of the individual named in Part D to the individual named above (fields 1 to 3)

Accountant  Borrower  Customer  Friend  Relative

Agent  Broker  Employee  Legal counsel  Other   
DESCRIPTION (OTHER)



## PARTG — Description of suspicious activity

1. Please describe clearly and completely the factors or unusual circumstances that led to the suspicion of money laundering or terrorist activity financing.\*

Provide as many details as possible to explain what you found suspicious.

If this report is about one or more transactions that were attempted, also describe why each one was not completed.

## PARTH — Description of action taken (if applicable)

1. Please describe what action, if any, was or will be taken by you as a result of the suspicious transaction(s).\* (if this part is applicable)