

IDENTIFICATION VERIFICATION & ATTESTATION REQUIREMENTS FOR INDIVIDUALS

Loan Number

Property Address

In order for the borrower(s) to open a MCAP mortgage account (hereinafter referred to as "Borrower"), MCAP has to comply with Canada's ***Proceeds of Crime (Money Laundering) and Terrorist Financing Act (the "Act")***, as such, the identity of the borrower(s) must be verified, along with the existence and/ or involvement of any third parties associated with the proposed MCAP mortgage account. MCAP mandates You (Notary Public or applicable closing centre contracted with MCAP to confirm the identity of the Borrower and/or any applicable third parties in connection with the proposed MCAP mortgage account) to ascertain the identity of each Borrower, Guarantor and/or Third Party/Beneficial Owner and to complete this form in full prior to the release of funds from MCAP.

Completion is MANDATORY for EACH Borrower and Guarantor.

If there are more than three Borrowers or more than two Guarantors or more than one Politically Exposed Person (as defined under the Act, hereinafter referred to as "PEP"), please use additional copies of this form.

SECTION A ID VERIFICATION

Borrower #1

Last Name

First Name

Middle Name

Alias Name (if applicable)

Date of Birth (DD/MM/YYYY)

Citizenship

Sex (F/M/X)

Personal Phone Number: (Where you may be reached after the closing of this transaction)

ID Document Type (Refer to Exhibit 1 for acceptable forms of ID)

ID Document Number

ID Expiry Date (DD/MM/YYYY)

Jurisdiction of Issue (Province/Territory)

Country of Issue

Borrower/Guarantor #2 (if applicable)

Last Name

First Name

Middle Name

Alias Name (if applicable)

Date of Birth (DD/MM/YYYY)

Citizenship

Sex (F/M/X)

Personal Phone Number: (Where you may be reached after the closing of this transaction)

ID Document Type (Refer to Exhibit 1 for acceptable forms of ID)

ID Document Number

ID Expiry Date (DD/MM/YYYY)

Jurisdiction of Issue (Province/Territory)

Country of Issue

Borrower/Guarantor #3 (if applicable)

Last Name		First Name	
Middle Name		Alias Name (if applicable)	Date of Birth (DD/MM/YYYY)
Citizenship	Sex (F/M/X)	Personal Phone Number (Where you may be reached after the closing of this transaction)	
ID Document Type (Refer to Exhibit 1 for acceptable forms of ID)		ID Document Number	
ID Expiry Date (DD/MM/YYYY)	Jurisdiction of Issue (Province/Territory)	Country of Issue	

SECTION B POLITICALLY EXPOSED PERSONS (Domestic/Foreign "PEP" or Head of International Organization)

To the best of your knowledge, have **you** or any **close relative** or any **close associate**, ever held any of the following positions or offices in or on behalf of a country/ province/ state or **Public Body**, listed below?

Yes* No **If you answered yes, you are considered a PEP, please complete Appendix "A".*

Note: a **close relative** means a spouse, civil union spouse or common-law partner, children/step-children, siblings/half siblings/step-siblings of the borrower(s), biological/adoptive/step-parent of the Borrower(s), biological/adoptive/step-parent of spouse, civil union spouse or common-law partner.

Note: a **close associate** is any natural person who is known to have a joint beneficial ownership of legal entities or legal arrangements, or any other close business relations with PEP.

Note: a **Public Body** means an incorporated city, town, village, metropolitan authority, township, district, county, rural municipality or other incorporated municipal body; or an agent or mandatary of any of them.

List of Politically Exposed Offices and Positions

- Head of State or Head of Government
- Member of Executive Council of Government
- Deputy Minister or Equivalent Rank
- Member of Legislature
- Ambassador; or Attaché; or Counsellor of an Ambassador; or High Commissioner
- President of a Federal/State-Owned Company or Federal/State-Owned Bank
- Head of a Government Agency
- Judge
- Head of an International Organization
- Military Officer with a rank of General or above
- Leader or President of a Political Party represented in the Legislature
- Holder of any prescribed/elected office or position for a public body

SECTION C THIRD PARTY DETERMINATION

Will the property be held on behalf of, or for the benefit of, someone other than the borrowers/guarantors?

Yes* No

Will any individual or entity provide instructions/direction on the mortgage account other than the borrowers/guarantors?

Yes* No

*If answered "Yes" for either of the above, complete the *Third-Party Information Form* contained in Appendix "B" and return that completed form along with this completed IVF.

NOTE: Renters are not considered third parties if the subject property is purchased or held as an investment property.

SECTION D DECLARATIONS

I further declare that the answers and statements given by me, to all the questions in Sections A, B and C (and applicable schedules) of this form, are full, complete and true. I also acknowledge that when requested, I agree to provide updated identification documentation to MCAP to meet its regulatory obligations.

(Borrower #1 – Print Name) (Signature) (Date: DD/MM/YYYY)

(Borrower/Guarantor #2 – Print Name) (Signature) (Date: DD/MM/YYYY)

(Borrower/Guarantor #3 – Print Name) (Signature) (Date: DD/MM/YYYY)

SECTION E SOLICITOR/ NOTARY/ AGENT ATTESTATION

I certify that

1. I have been appointed as solicitor/notary/agent of MCAP to verify the identity of the borrower(s)/guarantor(s);
2. I have personally met with each person named above and examined the original personal identification documentation disclosed herein, and certify that the name and photograph are those of the individual(s) I have met with;
3. The information in Section "A" matches the original personal identification documentation provided to me;
4. I have made reasonable efforts to ensure that the individual(s) who signed the Purchase and Sale Agreement/Offer to Purchase is the one and same individual(s) for whom I have verified the personal identity thereof; and
5. Having made reasonable inquiries, I have no reason to believe the Borrowers are acting on behalf of any undisclosed third parties.

I will retain clear and legible copies of both sides of the identification examined.

(Closing Agent/Solicitor/Notary – Print Name) (Signature) (Date of Verification: DD/MM/YYYY)

EXHIBIT 1 ACCEPTABLE FORMS OF IDENTIFICATION

Each Borrower, Guarantor, and Third-Party Beneficial Owner and Signatory, where applicable, must present to you for examination one of the acceptable Canadian Government issued photo identification documents from the list below.

No other form of identification will be acceptable.

The identification document must be authentic, valid, current, legible and in good condition.

Each Borrower, Guarantor and Signing Officer, where applicable, is required to be physically present when you ascertain his or her identity.

Acceptable Forms of Identification

- **Driver's Licence¹** (issued by a Canadian Province/Territory/DND)
- **Canadian Passport**
- **Nexus or CANPASS Card**
- **Firearms Licence** (Issued by the Government of Canada)
- **Canadian Armed Forces Identification Card** (Issued by the Government of Canada)
- **Canadian Citizenship Card** (with photo issued prior to 2012)
- **Permanent Resident Card** (Issued by the Government of Canada)
- **Secure Certificate of Indian Status** (issued by the Government of Canada)
- **Provincial/Territorial Health Insurance Card** (with photo)²
- **Provincial/Territorial Government issued Identity Card** (with photo)

NOTE

¹ In Quebec, never request a driver's licence. Accept and record the number only if offered.

² In Ontario, Manitoba, Nova Scotia and Prince Edward Island, the Provincial Health Card is NOT an acceptable form of identification. Please request another piece of Primary Identification. In Quebec, never ask to see a Health Card, if offered, record the particulars.

APPENDIX A Politically Exposed Person (PEP) Information Form

If there is more than one PEP, please use additional copies of this form.

If you have indicated that you are a Politically Exposed Person (PEP or Head of International Organization (“HIO”)) in Section B of the IVF, please provide the following information if:

You are the PEP or HIO

Your Name

Title of position held

In what country is/was the position held

Name of the organization or institution of the PEP or HIO

If you have indicated that you are a PEP or HIO in Section B of the IVF, please provide the following information if:

You are a Close Relative or Close Associate of a PEP or HIO

Name of PEP or HIO

Alias of PEP or HIO

Citizenship of PEP or HIO

Title of position held by PEP or HIO

In what country is/was the position held

Name of the Office/Organization/Institution of the PEP or HIO

Source of wealth for PEP

Nature of your relationship with the PEP or HIO (i.e. son of, or, spouse of, etc.)

APPENDIX B Third Party Information Form

Applicant Name(s): _____

INFORMATION ABOUT THE THIRD PARTY

Full Name _____
Alias Name _____
Home Address _____
City _____ Province _____
Country _____ Postal Code _____
Date of Birth Day _____ Month _____ Year _____ Citizenship _____
Home/Cell Phone _____ E-Mail Address _____

Occupation Employed Self-Employed Unemployed _____
Nature of Occupation _____
Employer Name or Your Business Name (if Self-Employed) _____
Employer/Business Address _____
City _____ Province _____
Country _____ Postal Code _____

PEP Status After referencing the information in Section B, are you (the Third Party) a Politically Exposed Person? Yes No (If Yes, please complete Section B)

What is the relationship between the registered owner of the property on closing (the applicant) and the Third Party?
 Agent Borrower Employee Friend Relative Trustee Power of Attorney
 Other (specify) _____

Additional Comments _____

IDENTIFICATION viewed from Exhibit 1

ID Document Type (Refer to Exhibit 1 for acceptable forms of ID) ID Document Number

ID Expiry Date (DD/MM/YYYY) Jurisdiction of Issue (Province/Territory) Country of Issue

DECLARATIONS (Completion is MANDATORY for EACH Borrower and Guarantor)

I further declare that the answers and statements given by me, to all the questions on this form, are full, complete and true. I also acknowledge that when requested, I agree to provide updated identification documentation to MCAP to meet its regulatory obligations.

(Applicant – Print Name) (Signature) (Date: DD/MM/YYYY)

(Third Party – Print Name) (Signature) (Date: DD/MM/YYYY)

(Closing Agent/Solicitor/Notary – Print Name) (Signature) (Date of Verification: DD/MM/YYYY)