AGF Trust Company
One Toronto Street, 10th Floor
Toronto, Ontario, Canada M5C 2V6
t 1 866 273-9971 **f** 1 866 713-1187 **w** AGF.com

AGF TRUST COMPANY
POLITICALLY EXPOSED FOREIGN PERSON (PEFP) FORM

This form is to be completed by the accountholder(s) and deposit broker representative to disclose PEFP Information.

Broker Code _____ Rep Code _____ Client Number _____ Agent Number _____

Accountholder(s) Information

Registration Type _____

1. Full Legal Name _____ 2. Full Legal Name _____

3. Full Legal Name _____ 4. Full Legal Name _____

Address _____

Politically Exposed Foreign Person Information

Number of Additional PEFP forms attached: _____

☐ Yes ☐ No Has the accountholder(s) or any close relative of either person ever held a senior position in government, political party, military, tribunal or government-owned corporation of a foreign country? (i.e. is politically exposed). **If "yes", complete the information below**

Which accountholder is politically exposed? ☐ Accountholder 1 ☐ Accountholder 2 ☐ Accountholder 3 ☐ Accountholder 4

Name of the person who holds or held a foreign political office First Name _____ Middle Name _____ Last Name _____

Country where the position is/was held _____ Time Period the position was held (Start Year - End Year) _____

What position is/was held by the person who is/was politically exposed in a foreign country?

- ☐ Head of state or head of government
- ☐ Member of the executive council of government or member of a legislature
- ☐ Deputy minister (or equivalent)
- ☐ Ambassador or ambassador's attaché or councillor
- ☐ Military general (or higher rank)
- ☐ President of a state-owned company or bank
- ☐ Head of a government agency
- ☐ Leader or president of a political party in a legislature
- ☐ Judge

Title of position held _____

What is the relationship of the person named above to the accountholder(s)?

- ☐ Self
- ☐ Spouse or common-law partner
- ☐ Child
- ☐ Mother or Father
- ☐ Brother, sister, half-brother/sister
- ☐ Spouse's or common-law partner's parent

Accountholder(s) Acknowledgement:

By signing below, you confirm the information provided is complete, accurate and will be updated in the future if information changes.

Name Accountholder 1 _____ Signature Accountholder 1 _____ Date MMDDYYYY

Name Accountholder 2 _____ Signature Accountholder 2 _____ Date MMDDYYYY

Name Accountholder 3 _____ Signature Accountholder 3 _____ Date MMDDYYYY

Name Accountholder 4 _____ Signature Accountholder 4 _____ Date MMDDYYYY

Representative Acknowledgement:

By signing below you confirm the existence of a politically exposed person(s) as documented in the PEFP section above.

Deposit Broker Name _____ Representative Name _____ Signature _____ Date MMDDYYYY

( ) Phone _____ ( ) Fax _____ E-mail _____