GP WEALTH MANAGEMENT
INDEPENDENT THINKING WORKING FOR YOU

Reset Form

# Third Party Determination Statement

## ❶ Account Holder(s)

☐ Mr. ☐ Mrs ☐ Ms. ☐ Dr. ☐ Corporate  Client ID# _____

Account Holder Last Name | Account Holder First Name | Initial | DOB (MM/DD/YYYY)

☐ Mr. ☐ Mrs ☐ Ms. ☐ Dr. ☐ Corporate  Client ID# _____

Co-Account Holder Last Name | Co-Account Holder First Name | Initial | DOB (MM/DD/YYYY)

## ❷ Third Party Information

**Third Party Is:** ☐ An Individual ☐ A Corporation ☐ Other _____

☐ Mr. ☐ Mrs ☐ Ms. ☐ Dr.  Client ID# _____

Last Name | First Name | Initial | DOB (MM/DD/YYYY)

Address | Suite No. | City | Province | Postal Code

Home | Mobile Phone | Business Phone | Fax | Email Address

Third Party Employer's Name | Third Party Occupation | Type of business

Third Party Employer's Address | City | Province | Postal Code

Relationship of Third Party to the Client: _____

Are you a politically exposed foreign person (PEFP)? ☐ YES ☐ NO If yes, Position/Title: _____

Are you a politically exposed domestic person (PEDP)? ☐ YES ☐ NO If yes, Position/Title: _____

Are you a head of an International Organization (HIO)? ☐ YES ☐ NO If yes, Position/Title: _____

Are you a family member or close associate to a PEFP, PEDP or HIO? ☐ YES ☐ NO If yes, provide details _____

Are you a tax resident of Canada? ☐ YES ☐ NO

Are you a tax resident or a citizen of the United States? ☐ YES ☐ NO If yes, provide details _____

Are you a tax resident of a jurisdiction other than Canada or the United States? ☐ YES ☐ NO If yes, provide details _____

**Third Party Identification for Individual** (For Corporate 3rd Party Complete Entity Director/Owner Sheet)

Type Of ID | Unique Identifier Number | Place Of Issuance: | Expiry Date (If Any)

**In addition, complete the following information if the third party is a corporation:**

Incorporation Number | Place of Incorporation


10 FOUR SEASONS PLACE, SUITE 600, MISSISSAUGA, ON M9B 6H7 T: 416.622.9969 F: 905.366.0303 www.gpwealth.ca

## ❸ Third Party Acknowledgement

Third Party Information is required if this Account Holder(s) Plan(s) is to be used by or on behalf of a third party. This includes a person who has a financial interest in the Account Holder(s) Plan(s) or who exerts control over the assets in the Plan(s) such as having a Power of Attorney over this Account Holder(s) Plan. By signing below and with respect to the Account Holder application form to which this Third Party Determination Statement is attached or is related to, I declare the foregoing information to be true and complete and I undertake to promptly advice the Dealer in writing of any change in the above information.

| X Account Holder's Signature | Account Holder's Full Name | MM/DD/YYYY |
|---|---|---|
| X Co-Account Holder's Signature | Co-Account Holder's Full Name | MM/DD/YYYY |

## ❹ Dealer/Financial Advisor Signature Required

| X Financial Advisor Signature | FA Name & Dealer Number | MM/DD/YYYY |
|---|---|---|
| X Dealer Officer/Branch Manager Signature | DO/BM Name | MM/DD/YYYY |


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