



POLITICALLY EXPOSED PERSON (PEP) QUESTIONNAIRE

The Money Laundering and Terrorism (Prevention) Act, 2008 requires that ALL financial institutions operating within Belize determine if a client or the beneficial owner of a company may be a Politically Exposed Person (PEP), and as such, we ask that you kindly circle Yes or No in response to each of the following questions:

Do you, any family member, or close associate, hold or have once held any of the following positions on behalf of the country of Belize or any foreign state?

Yes	No	(a) Head of State or Government
Yes	No	(b) Senior Political position (eg. standard bearer, house speaker, area representative)
Yes	No	(c) Senior Government position (eg. minister, CEO)
Yes	No	(d) Judicial or Legislative Official (eg. judge)
Yes	No	(e) Military Official with rank of General or above (eg. Brigadier General, Chief of Staff, Commandant)
Yes	No	(f) Senior Executive, Director or Manager of a State Owned Corporation or Bank
Yes	No	(g) Important Political Party Official (eg. party chairman or campaign manager)
Yes	No	(h) Ambassador or Attaché or counsellor of an ambassador (does NOT include Foreign Consolers)

Guidance Notes

1) Family members of such an individual include the following:

- The spouse or common-law partner of such an individual
- The child of such an individual
- The mother or father of such an individual
- The mother or father of the spouse of such an individual
- The brother, sister, half-brother or half-sister of such an individual

2) A close associate of such an individual would be any natural person who commonly benefits from the assets or from an established business relationship or from another form of close business contact with the individual.

3) A State Owned Corporation is any company or organization where the Government has more than 50% shareholding.

If you answered Yes to any of the above, kindly provide specific details of the position or appointment and the relationship with such person in the box below.

Specific Position or Appointment:

Relationship : Myself

Other (Please give full name of the person holding the position or appointment and your exact relationship to such person)

 Full Name:

 Relationship:

I further declare that should my PEP status change at any time in the future, I will inform RF&G Insurance by requesting and completing an updated PEP Questionnaire.

Full Legal Name (in Capitals)

Signature

Date (DD/MM/YYYY)