



Compliance Questionnaire - Securities Dealers

Part A - General Information

Language of preference/Langue préférée

English/Anglais

French/Français

Date questionnaire was completed

DD

MM

YYYY

Organization's legal name and Head Office address

Please indicate the type of premises for the above Head Office address

Commercial / Retail

Residential / Dwelling House

Other (If other, please specify _____)

Name and title of the individual completing the questionnaire

Contact information:

Business telephone

 -

Business fax

 -

E-mail

A1 What is your principal business?

Securities Broker or Dealer

Financial Planning Services

Mutual Fund Dealer

Life Insurance

Investment Counselling / Portfolio Management

Other

(If other, please explain _____)

A2 What is your secondary activity? (check all that apply)

Securities Broker or Dealer

Financial Planning Services

Mutual Fund Dealer

Life Insurance

Investment Counselling / Portfolio Management

Other

(If other, please explain _____)

A3 What are you or your company licensed to sell? (check all that apply)

Equities

Life Insurance products

Fixed Income Securities

Derivatives

Investment Funds (Mutual Funds, LSVF Funds, Etc.)

Other (If other, please explain _____)

Segregated Funds

A4 Who regulates you? (check all that apply)

Investment Dealers Association

Mutual Fund Dealers Association

Provincial Securities Commission

Office of the Superintendent of Financial Institutions

Provincial Financial Services Commission

Provincial Insurance Council

Autorité des marchés financiers

Other (If other, please list _____)

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If you are registered as a Investment Counsel / Portfolio Manager, please answer the following questions. If not, please go to question A7.

A5 If you are registered as an Investment Counsel / Portfolio Manager, do you act solely in a sub-advisory capacity? Yes No

A6 If registered as an Investment Counsel / Portfolio Manager, what type of business do you conduct? (check all that apply):
 Private Clients Mutual Fund Management Services and/or products offered through offshore jurisdictions
 Institutional Accounts Hedge Fund Management

A7 If you are licensed to sell Life Insurance products, do you act as (check all that apply):
 Exclusive Agent Broker Other (please specify _____)

A8 How many employees are there in your organization? (including agents, advisors, brokers, etc.) _____

A9 Please indicate the approximate value of assets under your management: \$ _____

A10 Please indicate the average monthly trading volume your organization conducts: # / month _____ \$ / month _____

A11 Does your organization have branches operating in Canada? Yes No

A12 If you answered yes to question A11, how many branches? _____

A13 If you answered yes to question A11, in which provinces/territories do you operate branches? (check all that apply)
 Alberta New Brunswick Ontario Saskatchewan Yukon
 British Columbia Newfoundland & Labrador Prince Edward Island Northwest Territories
 Manitoba Nova Scotia Quebec Nunavut

A14 Does your organization have branches outside Canada? Yes No

A15 If you answered yes to question A14, please list the other countries where the branches are located.
 If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer A15. _____

A16 If you answered no to question A14, do you open or manage accounts for clients residing outside of Canada? Yes No

A17 What type and number of client accounts do you open or manage? (check all that apply)

<u>Type of account</u>	<u>Number of accounts</u>
<input type="checkbox"/> Retail	_____
<input type="checkbox"/> Institutional	_____
<input type="checkbox"/> Other (please specify _____)	_____

A18 Has your organization been subject to an anti-money laundering compliance review by your regulator since June 12, 2002? Yes No

A19 If you answered yes to question A18, what is the name of the Regulator and the date of the last review?

A20 What is your organization's primary bank / credit union / caisse populaire / trust company?

A21 What is your organization's secondary bank / credit union / caisse populaire / trust company?

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Part A - General Information

A22 Is your organization a subsidiary of any other entity subject to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and Regulations? If so, what is the name and address of the parent organization? Yes No

A23 Does your organization own any other entities that are subject to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and Regulations? If so, what are the name and address of these entities? If there is not enough room here, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer A23. Yes No

A24 Is your organization engaged in any other activities subject to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and Regulations? (eg. foreign exchange, funds transfer, real estate, etc.). If so, please list. Yes No

Part B - Compliance Regime

B1 Have you fully implemented a compliance regime in your organization? Refer to FINTRAC's website Guideline 4 at http://www.fintrac.gc.ca/publications/guide/Guide4/4_e.asp Yes No

B2 If you answered no to question B1, at what stage of implementation is your compliance regime? If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer B2.

B3 Have you appointed a compliance officer to meet your reporting, record keeping and client identification obligations? Yes No

B4 If you answered yes to question B3, please provide the name of the compliance officer. _____

B5 Does your compliance officer report directly to senior management of the organization? (Senior management could be the owner or chief operating officer of the business, any senior executive or any member of senior management or the board of directors) Yes No

B6 How does your organization keep up with any changes in reporting, record keeping or client identification obligations? (check all that apply)

Media (newspaper, television, etc.) Seminars, training or conferences

FINTRAC's Web site Other (If other, specify _____)

Other websites

B7 Have you consulted the FINTRAC Guidelines? Yes No

B8 If you answered yes to question B7, do you find them useful? Yes No

B9 Do you have any suggestions for improving the guidelines? _____

Part C - Compliance Policies and Procedures

C1 Do you have policies and procedures to ensure your reporting, record keeping and client identification requirements are being met? Yes No

C2 Are your policies and procedures in writing? Yes No

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Part C - Compliance Policies and Procedures

C3 Within the last twelve months, has your organization conducted financial transactions with individuals or entities based in any of the countries on the Financial Action Task Force (FATF) List of Non-Cooperative Countries or Territories? For information about this list, please refer to FINTRAC's advisories at http://www.fintrac.gc.ca/publications/avs/advisory_e.asp Yes No

C4 If you answered yes to question C3, which countries were involved and approximately how many transactions were conducted with each country? If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer C4. _____

C5 Does your organization cross-reference the names of clients with any anti-terrorism lists of names published by the Canadian government? For more information about these, please refer to the List of Names Subject to the *Regulations Establishing a List of Entities* made under subsection 83.05(1) of the *Criminal Code* or the *United Nations Suppression of Terrorism Regulations* provided by the Office of the Superintendent of Financial Institutions at <http://www.osfi-bsif.gc.ca> Yes No

Part D - Review of Compliance Policies and Procedures

D1 Have you implemented a process for reviewing your organization's compliance policies and procedures to determine their effectiveness? Yes No

D2 Has such a review already been conducted for your organization? Yes No

D3 If you answered yes to question D2, how often do you conduct a review?
 More than once a year Once a year Less than once a year

D4 If you answered yes to question D2, the review was conducted by: (Check all that apply)
 Compliance officer Internal Audit External Audit Consultant Other _____

D5 If you answered yes to question D2, when was the review completed? _____

D6 Are the results of the review documented? Yes No

Part E - Ongoing Compliance Training

E1 Does your organization provide training regarding your reporting, record keeping and client identification obligations? Yes No

E2 If yes, describe how your training is delivered. Include information about the mode and frequency of delivery as well as a general description of who is required to take the training. If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer E2.

<p>Mode of training (check all that apply)</p> <input type="checkbox"/> Self-directed <input type="checkbox"/> In a classroom with trainer/seminar <input type="checkbox"/> Computer-based <input type="checkbox"/> Other (If other, specify _____)	<p>Frequency of training</p> <input type="checkbox"/> Annually <input type="checkbox"/> More often than annually (quarterly, etc.) <input type="checkbox"/> When new staff is hired <input type="checkbox"/> In special circumstances (Specify circumstances) _____ <input type="checkbox"/> Other (If other, specify _____)
<p>Who receives the training (check all that apply)</p> <input type="checkbox"/> Only those in contact with clients <input type="checkbox"/> All staff <input type="checkbox"/> Corporate security <input type="checkbox"/> Managers <input type="checkbox"/> Other (If other, specify _____) <input type="checkbox"/> Back office staff	<p>Type of material (check all that apply)</p> <input type="checkbox"/> Handouts <input type="checkbox"/> Test administered with pass or fail mark <input type="checkbox"/> Presentation or group discussion <input type="checkbox"/> Other (If other, specify _____)