



RF&G LIFE INSURANCE COMPANY LTD.

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DECLARATION OF SOURCE OF FUNDS

CLIENT INFORMATION

Policy #: Policy Owner: First Name Middle Name Last Name
Address: House#/Apt# Street City/Town/Village District
Phone No: Occupation: D.O.B: mm/dd/yyyy
Type of I.D.: I.D. Number:

TRANSACTION INFORMATION

Description of Transaction:
Cash Cheque Draft
Wire Cash and cheque Online Other:
If cash and cheque option is selected, please provide breakdown
Cash amount: \$ Cheque amount: \$
Currency Type: BZD USD Other:
Transaction Amount: \$ Date of Transaction:

PERSON CONDUCTING TRANSACTION IF DIFFERENT FROM CLIENT

Name of Individual: First Name Middle Name Last Name D.O.B.: mm/dd/yyyy
Address: House#/Apt# Street City/Town/Village District Phone #:

IDENTIFICATION OF CLIENT OR DEPOSITOR

Type of I.D.: I.D. Number: Date of Expiration:
Copy of ID must be provided

DECLARATION: I hereby declare that the Source of Funds for this transaction is

Supporting evidence:

Print Name of person conducting transaction (Other than client) Signature of Client Date

OFFICIAL USE ONLY

Transaction Accepted Customer refuse to sign form
Transaction Declined Customer explanation not reasonable
Transaction taken by: Processed by: (cashier) Authorized By (supervisor/manager)
Print Name: Signature: Date

Compliance Department

Comments:
Print Name Signature Date

