

EXEMPT FROM VERIFICATION CHECKLIST

Client No./Matter No.:	_____
Matter Description:	_____
Client Name:	_____
Responsible Lawyer:	_____
Exemption Confirmed By:	_____
This Form Completed By:	_____
Date Completed:	_____

Complete this checklist on every file where you provide legal services in respect of a financial transaction.

Will I be providing legal services in respect of a ***financial transaction*** (generally, the receipt, payment, or transfer of ***funds*** on behalf of the client or giving instructions on behalf of a client in respect of the receipt, payment or transfer of funds)? If yes, complete this **VERIFICATION CHECKLIST**. Yes No

EXEMPTIONS

Exemption for previous verification

1. I have previously completed a verification checklist and retained the checklist documenting the identity of this **client** since the new rules came into place on January 1, 2020. Rule 5-124(a) and (b) Yes No
2. I have been engaged as an agent by another lawyer to provide legal services to the client and the other lawyer has already complied with the rules relating to client verification (either in Manitoba or in the lawyer's own jurisdiction). Rule 5-117(2)(c)(i) Yes No
3. The client has been referred to me to provide legal services by another lawyer and the other lawyer has already complied with the rules relating to client verification (either in Manitoba or in the lawyer's own jurisdiction). Rule 5-117(2)(c)(ii) Yes No

Form 3

4. There is no reason to believe the information or the accuracy has changed since I last documented the identity of this client. Rule 5-124(a) and (b) Yes No

If yes, the checklist does not need to be completed again.

Date of previous verification: _____

Exemption for financial institution, public authority, or reporting issuer. Rule 5-119(a)(i) and (ii)

My client is:

- a **financial institution, public authority, or reporting issuer** Yes No
- an individual instructing me on behalf of a **financial institution, public authority, or reporting issuer** Yes No

If yes, checklist does not need to be completed further.

Date: _____

Exemption where funds are received by me in certain unique circumstances

1. I am acting on behalf of my employer and am engaging in or giving instructions in respect of **financial transactions** solely in that capacity. Rule 5-117(2)(a) Yes No
2. The funds received by me come from a **financial institution, public authority, or reporting issuer acting as a principal.** Rule 5-119(b)(i) Yes No
3. The funds received by me come from the trust account of another lawyer (in Manitoba or in Canada). Rule 5-119(b)(ii) Yes No
4. The funds received by me come from a peace officer, law enforcement agency, or other public official acting in an official capacity. Rule 5-119(b)(iii) Yes No
5. The funds received by me will be used to pay a fine, penalty or bail. Rule 5-119(b)(iv) Yes No
6. The funds received by me will be used to pay my professional fees, disbursements, or expenses. Rule 5-119(b)(v) Yes No

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If these are the only funds involved in this file, verification is not required
– complete **IDENTIFICATION CHECKLIST**.

Date: _____

Lawyer or staff person completing this checklist: _____

Exemption for Electronic Transmission Rule 5-119(c)

Are all the funds being transferred by electronic transmission? This does not include an e-transfer or online bank payment. If yes, verification may not be required if I can answer yes to each of the following: Yes No

1. Neither the sending and receiving account holders will handle or transfer the funds, and Yes No

2. The transfer will occur between **financial institutions** or financial entities headquartered and operating in countries that are members of the Financial Action Task Force, and Yes No

3. The transmission record contains:

- a. a reference number Yes No
- b. date Yes No
- c. transfer amount Yes No
- d. type of currency Yes No
- e. names of sending and receiving account holders and names of sending and receiving entities Yes No

If yes to all of the above – verification not required – complete Yes No

IDENTIFICATION CHECKLIST

Date: _____