

## Unclaimed Property Request

Prior to releasing funds to any claimant, *ivari* must be satisfied as to the claimant's identity and entitlement to the funds. Please complete the sections below and provide the following documentation:

- **Proof of identity** – Claimants must provide photocopies of two (2) pieces of non-expired identification\*, one of which must be a copy of a valid government issued photo I.D. that establishes name, date of birth and signature.
- **Documentation** – Claimants must provide any supporting documentation verifying property identification (for example: a copy of the policy/contract, a statement or confirmation previously received from *ivari*).

All claims received relating to the unclaimed property will be investigated and if additional information is required, we will communicate with you within five (5) business days upon receipt of this form.

**PLEASE PRINT**

Corporation number: \_\_\_\_\_ or Advisor code: \_\_\_\_\_

### 1 Claimant type

- Owner       Corporation\*       Beneficiary(ies)       Subrogated Owner(s) (Only in Quebec)  
 Estate       Joint Owner(s)       Successor Owner(s)

### 2a Claimant 1 information

Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

First name		Middle initial	Last name	
Street address			Apt.	
City		Province	Postal code	
Phone number	Email address** (Optional)			

### 2b Verification of identity\*

*Claimants must provide photocopies of two (2) pieces of identification from the available options.*

Social Insurance Number (Optional, for tax reporting purposes only)	Date of birth (DD/MM/YYYY) / /
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- Driver's licence     Birth certificate     Passport     Canadian citizenship     Age of majority  
 Canadian Armed Forces identification     Other (Please specify) \_\_\_\_\_

Document numbers	Issuing jurisdiction
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## Unclaimed Property Request

### 3a Claimant 2 information

Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

First name		Middle initial	Last name	
Street address			Apt.	
City		Province	Postal code	
Phone number	Email address** (Optional)			

### 3b Verification of identity\*

Claimants must provide photocopies of two (2) pieces of identification from the available options.

Social Insurance Number (Optional, for tax reporting purposes only)	Date of birth (DD/MM/YYYY) / /
<input type="radio"/> Driver's licence <input type="radio"/> Birth certificate <input type="radio"/> Passport <input type="radio"/> Canadian citizenship <input type="radio"/> Age of majority	
<input type="radio"/> Canadian Armed Forces identification <input type="radio"/> Other (Please specify) _____	
Document numbers	Issuing jurisdiction

### 4 Claimant authorization

I/we hereby declare that the information provided on this form is true, complete and correctly recorded to the best of my/our knowledge.

**Sign here** \_\_\_\_\_  
Signature of Claimant 1

\_\_\_\_\_ Name of Claimant 1 (please print)

Signed at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YYYY)

**Sign here** \_\_\_\_\_  
Signature of Claimant 2

\_\_\_\_\_ Name of Claimant 2 (please print)

Signed at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YYYY)

\* If the Owner is a corporation, the signature(s), name(s) and title(s) of the authorized signing officers thereof are required, together with the full legal name of the corporation.

\*\*Request for consent to receive e-mails

Canada's Anti-Spam Legislation regulates the distribution of commercial electronic messages (e.g. emails) to consumers. To comply with this law, *ivari* is required to obtain your consent for the purposes of sending you commercial electronic messages regarding your policy, product information and marketing material.

By providing your email address above, you are consenting to receiving commercial electronic messages as outlined above from *ivari*. You may withdraw your consent at any time by contacting us at *ivari* by mail at 500-5000 Yonge Street, Toronto, Ontario M2N 7J8 or by phone at 1-800-846-5970 between the hours of 8:00 a.m. and 7:00 p.m. ET, Monday to Friday, or by fax at 1-800-661-7296.



500-5000 Yonge Street, Toronto, ON M2N 7J8 • Telephone: 1-800-846-5970 • Fax: 1-800-661-7296