

Transfer of Ownership

4 New Owner details **THE NEW OWNER MUST BE A CANADIAN CITIZEN AT THE TIME THIS FORM IS COMPLETED.**

If the new Owner is a corporation, non-corporate entity or trust, you must submit a signed and completed *Policy Ownership for Corporate & Non-corporate entities or Trusts* form (IP-LP1747).

Joint ownership with rights of survivorship is not offered in Quebec.

The new Owner is a(n): Individual Corporate Entity (additional corporate documentation is required)
 Joint Ownership (please complete section 4b) Trust (attach trust documentation)

a) NEW OWNER 1 Mr. Mrs. Ms. Miss Other _____

Last name		First name		Initial(s)
Street address				Apt.
City	Province	Postal code	Language preference English French	
Relationship to Annuitant	Home phone	Mobile phone	Business phone	
Principal business or occupation	Industry***	Social insurance number (SIN)	Date of birth (DD/MM/YYYY)	Sex Male Female

***For a list of valid industries refer to <https://ivari.ca/tools-and-resources/administration/> and search for form number (IP-LP1971).

Declaration of tax residency

Please answer the following three statements. Depending on your situation, you may answer **“yes”** to more than one.

- i) **I am a tax resident of Canada.** Yes No
- ii) **I am a tax resident or a citizen of the United States.** Yes No
 Please provide your taxpayer identification number (TIN) from the United States: _____
 If you do not have a TIN from the United States, have you applied for one? Yes No
- iii) **I am a tax resident in a country other than Canada or the United States.** Yes No
 If **“yes”** to statement iii), provide your country of tax residence and taxpayer identification numbers (TIN).
 If you do not have a TIN for a specific country, give the reason using one of these choices:

- Reason 1:** I will apply or have applied for a TIN but have not yet received it.
- Reason 2:** My country of residence does not issue TINs to its residents.
- Reason 3:** Other reason, provide details.

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3

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b) NEW OWNER 2 Mr. Mrs. Ms. Miss Other _____

Last name		First name			Initial(s)
Street address					Apt.
City		Province	Postal code		Language preference English French
Relationship to Annuitant		Home phone	Mobile phone	Business phone	
Principal business or occupation	Industry***	Social insurance number (SIN)		Date of birth (DD/MM/YYYY)	Sex Male Female

***For a list of valid industries refer to <https://ivari.ca/tools-and-resources/administration/> and search for form number (IP-LP1971).

Declaration of tax residency

Please answer the following three statements. Depending on your situation, you may answer **“yes”** to more than one.

- i) **I am a tax resident of Canada.** Yes No
- ii) **I am a tax resident or a citizen of the United States.** Yes No
 Please provide your taxpayer identification number (TIN) from the United States: _____
 If you do not have a TIN from the United States, have you applied for one? Yes No
- iii) **I am a tax resident in a country other than Canada or the United States.** Yes No

If **“yes,”** to statement iii), provide your country of tax residence and taxpayer identification numbers (TIN).

If you do not have a TIN for a specific country, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My country of residence does not issue TINs to its residents.

Reason 3: Other reason, provide details.

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3

5 For Quebec only

By signing here, the annuitant consents to the transfer of the Policy to the new Owner in section 4.

Signature of **Annuitant** _____ Signature of **Witness for Annuitant** _____

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

6 Politically Exposed Persons and Head of International Organization

Is a premium and/or lump sum payment equal to or greater than \$100,000 being made? Yes No

If the answer is **“yes,”** each proposed new Owner must complete the *Politically Exposed Persons and Head of International Organization* form (IP-LP1165) and submit it along with this form.

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7 Beneficiary information

The death benefit will be paid to you or your estate if no beneficiary is designated.

If a beneficiary is designated irrevocably, the Owner cannot exercise certain contractual rights without the irrevocable beneficiary's consent. Minors named as irrevocable beneficiaries cannot give such consent.

For Quebec residents: If you name your married or civil union spouse as beneficiary, this designation is irrevocable unless you specifically indicate that the designation is revocable.

A contingent beneficiary has no rights as long as a primary beneficiary is living.

Last name		First name		Initial(s)		
Relationship to Annuitant (Relationship to Owner in Quebec)		Designation revocable irrevocable		Type primary contingent		Share of benefits %
Last name		First name		Initial(s)		
Relationship to Annuitant (Relationship to Owner in Quebec)		Designation revocable irrevocable		Type primary contingent		Share of benefits %
Last name		First name		Initial(s)		
Relationship to Annuitant (Relationship to Owner in Quebec)		Designation revocable irrevocable		Type primary contingent		Share of benefits %

Trustee for minor beneficiaries (except for Quebec)

Last name		First name		Initial(s)	Date of birth (DD/MM/YYYY)
Street address					Apt.
City	Province	Postal code	Relationship to minor		

8 Systematic Withdrawal Plan (SWP)

All systematic plans SWP will be stopped.

The new Owner is to provide instructions using the *Investment Products Financial Services form (IP416)*

9 New Owner acknowledgement and authorization

By signing below and submitting this form, I/we give my/our consent to the collection, use and disclosure of my/our personal information as described in the NOTICE OF DISCLOSURES on the last page of this form. I/We certify that the information given in this form is correct and complete. As the policy owner, I/we acknowledge that I/we have an obligation under the *Income Tax Act* to notify ivari of any changes in my/our tax residency status.

Signature of **New Owner 1**

Signature of **Witness for New Owner 1**

Signature of **New Owner 2**

Signature of **Witness for New Owner 2**

Signature of **Assignee**

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

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10 Verification of identity **TO BE COMPLETED BY THE ADVISOR**

This section must be fully completed by a Licensed Agent. We are required to verify the identity of the applicant pursuant to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. *Please refer to an original non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB) driver's licence or Age of majority to verify their identity as required by law.

Are the Owners applying for the policy on behalf of a third party? Yes No

If "yes," complete the *Identity and Third Party Determination* form (IP-LP782).

Owner

Driver's licence Passport Canadian citizenship Age of majority
Canadian Armed Forces identification Other (specify) _____

Identification document*	Identification document number*	Document expiry date (DD/MM/YYYY)	Issuing jurisdiction and country
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Joint Owner (If section 4b New Owner 2 is completed)

Driver's licence Passport Canadian citizenship Age of majority
Canadian Armed Forces identification Other (specify) _____

Identification document*	Identification document number*	Document expiry date (DD/MM/YYYY)	Issuing jurisdiction and country
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11 Licensed agent information and signature **THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL MANDATORY SECTIONS ARE COMPLETED.**

By signing below, I confirm that I have:

- reviewed an original non-expired document to confirm the identity and witnessed the signature(s) of the applicant(s);
- verified an original valid identification of the Owner/annuitant and successor annuitant/successor owner (if applicable) to confirm the Owner/annuitant's date of birth;
- made reasonable efforts to determine if the Owner(s) is(are) acting on behalf of a third party.

Licensed agent name (First, middle, last)			Initial(s)
Dealer number	Rep code	Dealer name	

Signature of **Advisor**

Date signed (DD/MM/YYYY)

12 Special instructions

NOTICE OF DISCLOSURES

IN THIS SECTION, THE TERMS “YOU AND “YOUR” REFER TO THE NEW OWNER OF THE POLICY. THE TERM “WE” REFERS TO ivari.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information provided in this form will form part of the file established and maintained at ivari’s head office. The information in your file may be used for the **purposes of servicing your policy and investigation and claim analysis**. We collect your SIN for tax reporting purposes to the Canada Revenue Agency in accordance with federal legislation. Your personal information may be shared with your independent insurance advisor and the managing general agencies, distributors and market intermediaries and their employees with which your advisor is associated for purposes identified above. Your banking information may be disclosed to the financial institution(s) processing your pre-authorized debit payments. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

We may communicate with you about other insurance products and services. If we rely on a marketing service provider to communicate with you, we will disclose only your name, contact information, and your current insurance coverage, but not your financial information. ivari requires its service providers to safeguard the confidentiality of personal information consistent with ivari’s privacy and security practices and in accordance with applicable laws.

If you do not wish your personal information to be used for this optional purpose, check here or write to us at:
ivari, 500-5000 Yonge Street, Toronto, Ontario M2N 7J8, Attention: Privacy Office.

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If ivari believes that you face a real risk of significant harm, ivari’s Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request. To make a request or to learn about the measures we take to protect your personal information, please write to: **Privacy Officer, ivari, 500-5000 Yonge Street, Toronto, Ontario, M2N 7J8**. For further details regarding the collection, use and disclosure of personal information, please consult your contract. To review the company’s privacy policy, please visit ivari.ca.



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