



# Non-Financial Service Form for Existing Clients Only

500-5000 Yonge Street  
Toronto, ON M2N 7J8  
ivari.ca

Policy number: \_\_\_\_\_

## 1 Indicate Policy Type and Policy Owner **THIS SECTION MUST BE COMPLETED IN FULL**

Non-registered RSP Spousal RSP LRSP/LIRA RIF/LIF/PRIF

Mr. Mrs. Ms. Miss Dr. \_\_\_\_\_

OWNER 1 Last Name	First Name	Initial(s)
OWNER 2 Last Name	First Name (if applicable)	
Irrevocable Beneficiary's Name (if applicable)	Annuitant Name (if other than owner)	

## 2 Name Change **PLEASE PRINT THE NEW NAME OF THE POLICY OWNER. A COPY OF CHANGE OF NAME DOCUMENTATION MUST BE ATTACHED.**

Mr. Mrs. Ms. Miss Dr. \_\_\_\_\_

Last Name	First Name	Initial(s)
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Old Signature \_\_\_\_\_ New Signature \_\_\_\_\_

## 3 Address Change

Should spousal address be changed? Yes No  
Non-Canadian Address Change? Yes No If "Yes," complete the Declaration section below

**PLEASE PRINT THE NEW ADDRESS OF THE POLICY OWNER.**

Street Address			Apt./Suite
City	Province	Postal Code	Country

**COMPLETE ONLY IF THE TRANSFER IS TO CLIENT NAME NON-REGISTERED PLANS**

### Declaration of tax residency

**OWNER 1**    **OWNER 2**  
**YES NO**    **YES NO**

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

- a) I am a tax resident of Canada. ....
- b) I am a tax resident or a citizen of the United States. ....

Please provide your taxpayer identification number (TIN) from the United States:

Owner 1 \_\_\_\_\_ Owner 2 \_\_\_\_\_

If you do not have a TIN from the United States, have you applied for one? .....

- c) I am a tax resident in a country other than Canada or the United States. ....

If "yes," to statement c), 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
OWNER 1			

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

**4 Beneficiary Change**

**Revocable or Irrevocable** – Please indicate whether the beneficiary is revocable or irrevocable. In all provinces and territories, the beneficiary is revocable unless otherwise indicated, except in Quebec, if you name a spouse to whom you are legally married as primary beneficiary, this designation is irrevocable unless you indicate otherwise. If a beneficiary is irrevocable, you cannot change the beneficiary or annuitant, make withdrawals or assign the contract without authorization from the irrevocable beneficiary.

**Primary or Contingent** –The beneficiary is deemed primary unless otherwise indicated.

**I/We the undersigned revoke any previous beneficiary designation and any request respecting payment proceeds and any election of settlement now in effect under the above described policy issued by *ivari* and change the beneficiary designation as follows:**

Last name	First name	Initial(s)	Date of Birth (DD/MM/YYYY)
Relationship to Annuitant (Owner in Quebec)	Designation revocable    irrevocable	Type primary    contingent	Portion of Death Benefit %
Last name	First name	Initial(s)	Date of Birth (DD/MM/YYYY)
Relationship to Annuitant (Owner in Quebec)	Designation revocable    irrevocable	Type primary    contingent	Portion of Death Benefit %

**Trustee** – If a minor is designated as a beneficiary it is recommended that a trustee be appointed (except for Quebec).

Full Name/Address & S.I.N. of Trustee	Relationship to Annuitant
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is hereby appointed as Trustee to receive any payment due to any beneficiary designated in this form who is a minor child on the date such payment falls due (in the province of Quebec, where a payment of proceeds made to a minor is in excess of \$25,000.00, *ivari* is required to advise the Public Curator of the amount of the benefit due and the name and address of the beneficiary).

**5 Banking Information Change**

Please attach a pre-printed personalized void cheque.

**6 Client Authorization**

**Please sign here** – By signing this form, you authorize *ivari* to change information on your policy as indicated in the previous sections. I/We have read and fully understand the contents of the NOTICE OF DISCLOSURES on the following page and acknowledge and consent to the collection, use and disclosure of my/our personal information by the Company and its affiliates for the purposes identified therein. I/We certify that the information given in this form is correct and complete. I/We agree to immediately notify *ivari* of any errors, omissions or changes in the information provided in this form.

**Sign here** \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YYYY)  
 Signature of Policy Owner

**Sign here** \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YYYY)  
 Signature of Joint Policy Owner (if applicable) **or**  
 Spouse's Signature for Locked-in Plans (if applicable)

**Sign here** \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YYYY)  
 Irrevocable Beneficiary Signature (if applicable)

**For Representative Use Only**

Dealer Code	Rep Code	Investment Advisor's Name
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**Sign here** \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YYYY)  
 Signature of Investment Advisor

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**NOTICE OF DISCLOSURES**

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**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 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](http://ivari.ca).



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