



# Claimant's Statement for Investment Products

P.O. Box 4241, Station A  
Toronto, ON M5W 5R3  
Telephone: 1-855-806-5057  
claimsdepartment@ivari.ca

**TO BE COMPLETED BY BENEFICIARY**

Policy Number(s): \_\_\_\_\_

Full name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_  
(DD/MM/YYYY)

Cause of death: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

Place of death: (If hospital or institution, give name) \_\_\_\_\_

## Claimant's information

**ALL FIELDS BELOW MUST BE COMPLETED IN FULL FOR NON-REGISTERED POLICIES - EACH BENEFICIARY MUST COMPLETE A SEPARATE CLAIMANT STATEMENT.**

Claimant's name: \_\_\_\_\_ S.I.N.: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

**Residential address:** (P.O. Boxes and General Delivery not accepted as residential address)

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	
Email address	Occupation	In what industry are you employed?*	
Identification document <sup>†</sup>	Identification document number <sup>†</sup>	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

Relationship to deceased: \_\_\_\_\_

\*For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

<sup>†</sup>Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in AB, PEI, ON and MB), driver's licence or Age of Majority.

## Declaration of tax residency

**We would like to remind you that if we do not receive a response from you, ivari will be required to report the policy to CRA as an incident of undeclared information in accordance with the *Income Tax Act (ITA)*. In addition, you may be subject to a penalty from CRA under subsection 281(3) and subsection 162(6) of the ITA for each failure to provide self-certification information to ivari.**

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.** ..... Yes No
- b) **I am a tax resident or a citizen of the United States.** ..... Yes No

If "yes," to statement b), provide your Taxpayer Identification Number (TIN) from the United States: \_\_\_\_\_

The U.S. Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique nine-digit number, assigned by the U.S. Government to an individual or entity, that is a specified U.S. person and used to identify the individual or entity for purposes of administering U.S. tax laws. Here are the acceptable examples, Individual Taxpayer Identification Number (TIN), Employer Identification Number (EIN) and Social Security Number (SSN).\*\*

- c) **I am a tax resident in a country other than Canada or the United States.** ..... Yes No

If "yes," to statement c), provide your country of tax residence and Taxpayer Identification Numbers (TIN):

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN) OR ACCEPTABLE EQUIVALENT

A foreign Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique combination of letters or numbers, assigned by a jurisdiction to an individual or entity and used to identify the individual or entity for purposes of administering the tax laws of the specific jurisdiction. Here are the acceptable examples, Social Security Number (SSN), Non-Canadian Social Insurance Number (SIN), Citizen identification number, Personal Identification Number (PIN), Service code/number, Resident registration number and Business/company registration code/number.\*\*

\*\*For more information, please refer to "Enhanced financial account information reporting" found on the CRA website.

**Settlement instructions**

---

Purchase a Single Premium Immediate Annuity (SPIA) Policy with ivari (*attach a completed **SPIA application (IP-NB151)***)

Transfer to another carrier (*attach transfer forms*)

Lump sum (provide a pre-printed personalized void cheque for payment to be made by EFT)

Continuation of scheduled payments for a SPIA policy (*if applicable*) or RRIF policy with a named successor annuitant – Please provide a pre-printed personalized void cheque for payments to be made by EFT.

Other: \_\_\_\_\_  
\_\_\_\_\_

The identity of all beneficiaries (and trustees on behalf of beneficiaries) must be verified by ivari where the benefit payable for each beneficiary is \$10,000 or more for any non-registered policy. If the policy for which you are making your claim and the amount payable to you meets this criteria, by signing below, you consent to ivari verifying your identity through a third-party service provider (such as a credit bureau agency) and ivari's collection, use and maintenance of your information for the following purposes.

---

**Certification**

---

I certify that the information given in the Declaration of tax residency section and elsewhere in this form is current, correct and complete. I agree to immediately notify ivari of any errors, omissions or changes in the information provided in the appropriate section. As the Beneficiary, I acknowledge that I have an obligation under the *Income Tax Act* to notify ivari of any changes in my tax residency status. I acknowledge that the information contained in this section and information regarding this policy, contract and account may be reported to Canada Revenue Agency (CRA).

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date: (DD/MM/YYYY)

\_\_\_\_\_  
Print name

In furnishing this or other claim forms for the convenience of the claimant, the company does not admit any liability or waive any of its rights.

## Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at [ivari.ca](http://ivari.ca), tells you how ivari will handle your personal information as a Claimant. It also tells you about your rights and choices.

In summary:

### ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating any applications or forms you submit in the future about the investment product policies you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

We collect personal information when required as part of our evaluation and claims analysis.

**If you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions if requested in the future (as required by tax legislation).** Once provided, we may also use it as necessary for the purposes described in this **Privacy Notice** or our Privacy Policy.

**When required, ivari may share your personal information with trusted third parties**, including service providers retained by ivari to assist in administering ivari policies, your financial institution, your independent insurance advisor and their supporting associates.

**It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.**

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: [privacyoffice@ivari.ca](mailto:privacyoffice@ivari.ca).**

**You can see ivari's full Privacy Policy online at [ivari.ca](http://ivari.ca). Please make sure you read ivari's full Privacy Policy carefully and understand it. Please note that we may update this Privacy Policy from time to time.**

### CONSENT REQUIRED FOR THIS FORM

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on [ivari.ca](http://ivari.ca).
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.
3. If I am giving my consent on behalf of one or more minor insured(s) (under the age of 18 years in Quebec or under the age of 16 years in all other provinces) to the points above, then I represent that I have authority to consent on behalf of the minor insured(s).

\_\_\_\_\_  
Signature of **Claimant**



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-855-806-5057 • [claimsdepartment@ivari.ca](mailto:claimsdepartment@ivari.ca)



The fastest and easiest way to send us your completed and signed forms is through our online tool, **Send documents** on [ivari.ca](http://ivari.ca). By using this tool, forms are sent instantly and securely.

™ ivari and the ivari logos are trademarks of ivari Holdings ULC. ivari is licensed to use such marks.