

## Corporate/Non-corporate entity/Trust ownership

Applicant/Owner name \_\_\_\_\_ Policy No. (if available) \_\_\_\_\_

**CORPORATION/NON-CORPORATE ENTITY/TRUST IDENTIFICATION** – Complete this form if the Owner is a corporation, non-corporate entity or trust – refer to the summary table below for guidelines.

### Summary table

TYPE OF ENTITY	SECTIONS TO BE COMPLETED	ADDITIONAL INFORMATION MUST BE SUBMITTED
Corporation	# 1, 2, 3 and 4	<ul style="list-style-type: none"> <li>• <b>Declaration of Tax Residency for an Entity form (IP-LP1601)</b></li> <li>• <b>Certificate of Incumbency (submit your own or use our form IP-LP1572)</b></li> </ul>
Non-corporate entity	# 1, 2 and 3	<ul style="list-style-type: none"> <li>• <b>Declaration of Tax Residency for an Entity form (IP-LP1601)</b></li> <li>• <b>Certificate of Incumbency (submit your own or use our form IP-LP1572)</b></li> </ul> Include one of the following: <ul style="list-style-type: none"> <li>• Partnership Agreement</li> <li>• Articles of Association</li> <li>• Other similar record that confirms the entity's existence</li> </ul>
Trust	# 1 and 5	<ul style="list-style-type: none"> <li>• <b>Declaration of Tax Residency for an Entity form (IP-LP1601)</b></li> <li>• <b>Certificate of Incumbency (submit your own or use our form IP-LP1572)</b></li> </ul> Include one of the following: <ul style="list-style-type: none"> <li>• Trust Agreement</li> <li>• Trust Deed</li> <li>• Declaration of Trust</li> <li>• Other similar record that confirms the entity's existence</li> </ul>

**1** Please provide the following information on the individual(s) submitting an application on behalf of a corporation, non-corporate entity or trust.

Name: \_\_\_\_\_ Job Title \_\_\_\_\_

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

Home phone	Mobile phone	Business phone	Date of birth (DD/MM/YYYY)
Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

Name: \_\_\_\_\_ Job Title \_\_\_\_\_

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

Home phone	Mobile phone	Business phone	Date of birth (DD/MM/YYYY)
Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

\*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.

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**2** Information about the Entity that will own the policy:

- a) Type of entity:    corporation      non-corporate entity
- b) Official entity name: \_\_\_\_\_
- c) Address: \_\_\_\_\_
- d) Business phone: \_\_\_\_\_
- e) Nature of business: \_\_\_\_\_
- f) Business/Registration number: \_\_\_\_\_
- g) Place of federal or provincial incorporation/Issuing jurisdiction: \_\_\_\_\_

**3** Are there individuals who directly or indirectly own or control 25% or more of the shares of the Corporation or 25% or more of the Non-corporate entity?    Yes    No    (If yes, complete table below)

Name of individual	Occupation	Current residential address <i>(P.O. Boxes and General Delivery not accepted as residential address)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4** Names of all directors of a corporate entity (if necessary, attach listing of all directors).

Names of directors	Occupation
_____	_____
_____	_____
_____	_____
_____	_____

**5** Trust – Please provide trust information.

Name of person who created the trust (settlor)	Address
_____	_____
_____	_____
_____	_____

  

Name of trustee	Address
_____	_____
_____	_____
_____	_____

  

Name of beneficiary	Address
_____	_____
_____	_____
_____	_____

**Certification by Authorized Signing Officer/person with signing authority for the Entity**

I certify the above is a full, complete and accurate disclosure in respect of the Entity. I also have the authority to sign this form on behalf of the Entity.

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Signature

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

**Advisor’s notes and comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 an Owner. It also tells you about your rights and choices.

In summary:

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

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the insurance policies and investment products 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.

**When required, ivari may share your personal information with trusted third parties**, including service providers retained by ivari to assist in administering ivari policies, ivari’s reinsurers, your independent insurance advisor and their supporting associates, market intermediaries, and your beneficiaries and assignee.

**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 it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.**

**CONSENT REQUIRED FOR THIS FORM AND POLICY**

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.

\_\_\_\_\_  
Signature of **Owner**

**Advisor verification/Information**

I have verified the identity of the individual(s) who submitted this form by referring to the original documents referred to on page 1 and that the information recorded was correctly copied from such document.

\_\_\_\_\_  
Name of Advisor

\_\_\_\_\_  
Signature of Advisor

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

\_\_\_\_\_  
Dealer/Distributor Code

\_\_\_\_\_  
Rep/Advisor Code



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**The fastest and easiest way to send us your completed and signed forms is through our online tool,  
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