

## Declaration of tax residency for an entity

Full legal name of the entity that is the applicant, policy owner or account holder

Application/policy number

Canadian financial institutions are required under Part XVIII and Part XIX of the *Income Tax Act* (the Act) to collect information and determine if they have to report your financial account to the Canada Revenue Agency (CRA). Part XVIII of the Act covers the requirements for the *Foreign Account Tax Compliance Act* (FATCA) introduced as part of the Intergovernmental Agreement with the United States. Part XIX of the Act covers requirements under the Common Reporting Standard (CRS) for participating Organization of Economic Cooperation and Development (OECD) countries.

The CRA may share this information with the government of a foreign country that a person/entity identified on this form is a resident of for tax purposes. In the case of the United States, the CRA may also share the information with that country's government if the person/entity is a United States tax resident including United States citizen.

An entity means a corporation, trust, partnership, estate, association or other organization.

ivari cannot provide advice about tax residency rules. If you need help with your tax residency information, you should consult a tax or legal advisor. For more information on Part XVIII and Part XIX of the Act, please visit [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca).

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### Please review and complete sections 1-3 as applicable and sign section 4.

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This package contains the following sections:

- 1. Declaration of tax residency** – this section is used to identify the entity's tax residence and the tax identification number. If the entity does not have such number, provide a reason.  
  
Generally, an entity will be a tax resident of a country if, under the laws of that country, it pays or should be paying tax there because of its domicile, residence, place of management or incorporation. For more information on tax residency, talk to your tax or legal advisor or go to [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca).
- 2. Entity classification** – this section is used to identify the entity's classification in accordance with the Part XVIII and XIX classifications. The information in this section will be used in conjunction with the declaration of tax residency to determine reportability.
- 3. Controlling person(s)** – this section is used to identify the controlling person(s) of the entity if their tax residency is other than Canada.
- 4. Certification** – this section must be signed before returning the form to ivari.

**1 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 your 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.

**2 Entity classification**

- a) i) Is the entity a Financial Institution?

No – proceed to question b).

Yes – provide the entity’s Global Intermediary Identification Number (GIIN), proceed to question ii).

If the entity does not have a GIIN, provide the reason, and then proceed to question ii).

- ii) Does the Financial Institution meet all of these criteria?

- It is a resident of a non-participating country (visit the CRA website for the list of Part XIX participating countries).
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution.

No – proceed to section 4.

Yes – proceed to section 3.

- b) Is the entity a Specified United States Person?

No – proceed to question c).

Yes – provide the entity’s Taxpayer Identification Number (TIN) from the United States and proceed to question c).

TIN from the United States: \_\_\_\_\_

If the entity does not have a TIN from the United States, have you applied for one? Yes No

- c) Choose one that **BEST** describes the entity

An Active Non-Financial Entity where less than 50% of its gross income is passive income AND less than 50% of its assets produce passive income. **Proceed to section 4.**

A corporation with shares that regularly trade on an established securities market, or a corporation that is related to it. **Proceed to section 4.**

A government, central bank or an international organization (or an agency of one). **Proceed to section 4.**

An Active Non-Financial Entity other than one described in the first three previous options. **Proceed to section 4.**

The entity is a Passive Non-Financial Entity (an entity that is neither of the items described in all previous questions).

**Proceed to section 3.**

### 3 Controlling person(s)

**Instructions:** This section must be completed if you answered “yes” to section 2, question a) ii) or you selected a Passive Non-Financial Entity in question c). If needed, provide details of additional persons on a separate sheet.

**READ BELOW BEFORE ANSWERING THE FOLLOWING QUESTION**

**Controlling person(s) means the individual that exercise(s) direct or indirect control over the entity. For greater clarity:**

- in the case of a trust or estate, it includes its executors, settlors, trustees, protectors (if any), beneficiaries (or class of beneficiaries), and any other individual exercising ultimate effective control over the trust or estate.
- in any other case, any individual that directly or indirectly owns or controls 25% or more of the entity. If no individual directly or indirectly owns or controls 25% or more of the entity, the controlling mind (i.e. who has the authority to make decisions) of the entity is considered to be the entity’s controlling person.

Is the controlling person(s):

- a tax resident or citizen of the United States, **or**
- a tax resident in a country other than Canada or the United States.

No – proceed to section 4.

Yes – complete the controlling person(s) information on the following page and proceed to section 4.

#### CONTROLLING PERSON 1

Last name		First name		Date of birth (DD/MM/YYYY)
Current residential address (P.O. Boxes and General Delivery not accepted as residential address)				SIN # (REQUIRED)**
City	Province/territory/state	Country	Postal/zip code	

If your mailing address is in a different country, provide it below

Type of controlling person

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

\*\*We collect your SIN for tax reporting purposes in accordance with applicable laws..

#### CONTROLLING PERSON 2

Last name		First name		Date of birth (DD/MM/YYYY)
Current residential address (P.O. Boxes and General Delivery not accepted as residential address)				SIN # (REQUIRED)**
City	Province/territory/state	Country	Postal/zip code	

If your mailing address is in a different country, provide it below

Type of controlling person

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

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### CONTROLLING PERSON 3

Last name		First name	Date of birth (DD/MM/YYYY)
Current residential address (P.O. Boxes and General Delivery not accepted as residential address)			SIN # (REQUIRED)**
City	Province/territory/state	Country	Postal/zip code

If your mailing address is in a different country, provide it below

Type of controlling person

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

\*\*We collect your SIN for tax reporting purposes in accordance with applicable laws..

### CONTROLLING PERSON 4

Last name		First name	Date of birth (DD/MM/YYYY)
Current residential address (P.O. Boxes and General Delivery not accepted as residential address)			SIN # (REQUIRED)**
City	Province/territory/state	Country	Postal/zip code

If your mailing address is in a different country, provide it below

Type of controlling person

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

\*\*We collect your SIN for tax reporting purposes in accordance with applicable laws..

#### 4 Certification and signatures

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this application.
- The information provided in this application is current, correct and complete.
- I have read and fully understood the contents of this application, and acknowledge and agree to its terms.

I certify that the information given in the Declaration of tax residency section is correct and complete. I agree to immediately notify ivari of any errors, omissions or changes in the information provided in this section. As the Policy Owner(s), 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 my policy, contract and account may be reported to Canada Revenue Agency (CRA).

\_\_\_\_\_  
First name Last name Date signed: (DD/MM/YYYY)

\_\_\_\_\_  
Title Signature of **Authorized Person**

\_\_\_\_\_  
First name Last name Date signed: (DD/MM/YYYY)

\_\_\_\_\_  
Title Signature of **Authorized Person**

#### 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 or investment product policies you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy; 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.

**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 independent insurance advisor and their supporting associates, and market intermediaries.

**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.**

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### 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**.
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 1**

\_\_\_\_\_  
Signature of **Owner 2**



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970



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

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