

Policy Ownership for Corporate & Non-corporate entities or Trusts

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, 4, 6, 7, 8 and 9	N/A
Non-corporate entity	# 1, 2, 3, 6, 7, 8 and 9	Include one of the following: <ul style="list-style-type: none"> • Partnership Agreement • Articles of Association • Other similar record that confirms the entity's existence
Trust	# 1, 5, 6, 7, 8 and 9	Include one of the following: <ul style="list-style-type: none"> • Trust Agreement • Trust Deed • Declaration of Trust • Other similar record that confirms the entity's existence

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.

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: _____

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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	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
_____	_____

6 Certificate of Incumbency

I, the undersigned as a representative of _____ (the “Organization”), hereby certify that:

- 1) each of the persons named below holds, as of the date hereof, the office set out under his/her respective name;
- 2) the signature set opposite his/her name is the proper signature of that person;
 - any one such person individually; or
 - two such persons signing together
 is/are authorized to sign on behalf of the Organization any document relating to the above policy/account number held with or by ivari.

_____	_____	_____
Name	Title	Signature
_____	_____	_____
Name	Title	Signature
_____	_____	_____
Name	Title	Signature
_____	_____	_____
Name	Title	Signature

ivari may rely on this Certificate until advised in writing to the contrary.

7 Declaration of tax residency

Canadian financial institutions are required under Part XVIII and Part XIX of the *Income Tax Act* (the Act) to collect information (including SINs and all other tax or organization identification numbers) and determine if they have to report your financial account to the Canada Revenue Agency (CRA). Part XVIII of the Act covers 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 Corporation and Development (OECD) countries.

The CRA may share this information with the government of a foreign county 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. It is your responsibility to know what your tax obligations are and how to comply with them. 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 (including the definitions of key terminologies), please visit the CRA website.

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 respond to the following three statements and proceed to section 7.1. Depending on the entity’s 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.

7.1 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 8.

Yes – proceed to section 7.2.

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 8.**

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

Proceed to section 8.

A government, central bank or an international organization (or an agency of one). **Proceed to section 8.**

An Active Non-Financial Entity other than one described in the first three previous options. Definition of Active Non-Financial Entity can be found in the Appendix. **Proceed to section 8.**

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

Proceed to section 7.2.

7.2 CONTROLLING PERSON(S)

Instructions: This section must be completed if you answered “**yes**” to section 7.1, 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 8.

Yes – complete the following controlling person(s) information and proceed to section 8.

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)***	Occupation
City	Province/territory/state	Country		Postal/zip code
Home phone		Mobile phone	Business phone	
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)***	Occupation
City	Province/territory/state	Country		Postal/zip code
Home phone		Mobile phone	Business phone	
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 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)***	Occupation
City	Province/territory/state	Country		Postal/zip code
Home phone		Mobile phone	Business phone	
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)***	Occupation
City	Province/territory/state		Country	Postal/zip code
Home phone		Mobile phone		Business phone
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.

8 Certification and signatures

In this section, “**you**” and “**your**” mean the person or persons authorized to sign this form.

You agree to immediately notify ivari of any errors, omissions, or changes in the information provided in this form. You acknowledge that you have an obligation under the *Income Tax Act* to notify ivari of any changes in the entity’s or its controlling person’s tax residency status.

By signing below, you confirm that:

- You are authorized to sign on behalf of the entity.
- The information in this form is correct and complete to the best of your knowledge.
- You acknowledge that information contained in this form and information regarding your policies, contracts and accounts may be reported to 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

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

ivari's Privacy Policy, available at 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 and 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.

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, market intermediaries, and your beneficiaries and assignees, or to whom a claim for benefits may be submitted.

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.**

You can see ivari's full Privacy Policy online at 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.
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**

Advisor's notes and comments

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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Send documents on ivari.ca. By using this tool, forms are sent instantly and securely.**

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