



# Identity and Third Party Determination

P.O. Box 4241, Station A  
Toronto, ON M5W 5R3  
ivari.ca

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

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* requires a client's identity to be verified by referring to certain documents. The law also requires the existence of Third Parties, if any, to be determined and recorded. Please enter the information below.

## 1 Identity verification

Provide the information below on the individual(s) submitting an application.

**OWNER 1** Name: \_\_\_\_\_ Date of birth: (DD/MM/YYYY) \_\_\_\_\_

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

**OWNER 2** Name: \_\_\_\_\_ Date of birth: (DD/MM/YYYY) \_\_\_\_\_

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

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

## 2 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.

<b>OWNER 1</b>	<b>OWNER 2</b>
YES NO	YES NO

a) **I am a tax resident of Canada.** .....

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

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

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

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.** .....

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

### OWNER 1

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

### OWNER 2

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.

### 3 Certification

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this form.
- The information provided in this form is current, correct and complete.
- I have read and fully understood the contents of this form, and I 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 the appropriate 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).

**OWNER 1**

Signature: \_\_\_\_\_

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

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

**OWNER 2**

Signature: \_\_\_\_\_

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

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

### 4 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 and/or Payor. 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 a 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, ivari's reinsurers; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees; and other insurance companies to whom you may apply for life or health insurance, 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](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 1**

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

\_\_\_\_\_  
Signature of **Payor**

5 Third Party determination

- 1) If the Payor is other than the Insured, Owner, or Beneficiary, complete the third party payor determination information below.
2) Every reasonable effort must be made by you to determine if the Owner(s) is/are acting on behalf of a Third Party.

When asked whether the Owner(s) is/are acting on behalf of a Third Party, the individual who submitted the application answered: Yes No If "yes," complete the following information on the Third Party.

Form with fields: Last name, First name, Date of birth (DD/MM/YYYY), Relationship to Owner, Occupation, In what industry are you employed?\*, Current residential address (P.O. Boxes and General Delivery not accepted as residential address), Apt./Suite, City, Province/territory/state, Country, Postal/zip code, Home phone, Mobile phone, Business phone.

If a Corporation, incorporation #: \_\_\_\_\_

Place of registration if Third Party is a Corporate Entity: \_\_\_\_\_

Unable to determine, however I have reasonable grounds to suspect there is a Third Party.

Provide details (attach separate page if necessary): \_\_\_\_\_

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

6 Advisor verification/Information

I have verified the identity of the individual(s) who submitted this form by referring to the original, non-expired documents. I confirm that the information recorded on page 1 was correctly copied from such document(s) and that I used reasonable efforts to determine if the Owner(s) is/are acting on behalf of Third Parties.

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

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

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



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



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