

Dealer/Nominee Transfer Form

Use this form to transfer from:

- Dealer/Nominee to Dealer/Nominee
- Nominee-Name to Client-Name
- Client-Name to Nominee-Name

In this form, the terms “you,” “your” and “Owner” refer to the person who has policyholder’s rights under the contract. The term “we” refers to ivari.

PLEASE COMPLETE ALL SECTIONS

1 Contract Details **THIS SECTION MUST BE COMPLETED IN FULL**

Current Owner(s) or Beneficial Owner(s) Name(s):

Owner 1 Last name	First name
Owner 2 Last name	First name
Existing Policy Number	

2 Transfer Request

FROM: Dealer/Nominee name: _____ Dealer/Nominee Code: _____

Cross-Reference Number: (if applicable) _____

Plan Types:	Nominee Non-Registered	Nominee Registered (RRIF**)	Client RRSP*
	Nominee Registered (RRSP*)	Client Non-Registered	Client RRIF**

TO: Dealer/Nominee name: _____ Dealer/Nominee Code: _____

Cross-Reference Number: (if applicable) _____

Plan Types:	Nominee Non-Registered	Nominee Registered (RRIF**)	Client RRSP*†
	Nominee Registered (RRSP*)	Client Non-Registered	Client RRIF**†

*includes LRSP, LIRA, RLSP

**includes LIF, PRIF, RLIF, New Ontario LIF

† also requires completion of **Plan Type Registration Change form (IP421)** or **Application to Convert a Registered Retirement Income Fund (RRIF) to a Registered Retirement Savings Plan (RRSP) form (IP1119)** depending on the source of funds

COMPLETE ONLY IF THE TRANSFER IS TO CLIENT

Last name		First name		Middle initial(s)
Address				Apt./Suite #
City	Province/territory/state	Country	Postal/zip code	
Home phone	Mobile phone	Business phone		
Principal business or occupation		Industry***	Language preference English French	
Social insurance number (SIN)		Date of birth (DD/MM/YYYY)	Sex Male Female	

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

If the transfer is to a corporate held non-registered account then the **Policy Ownership and Corporate and Non-corporate entities or Trusts form (IP-LP1747)** should be completed.

COMPLETE ONLY IF THE TRANSFER IS TO CLIENT NAME NON-REGISTERED PLANS

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.

OWNER 1	OWNER 2
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 Acknowledgment of current Nominee/Trustee

Complete if dealer/trustee is changing in a nominee registered plan.

The current dealer/trustee agrees to transfer all rights of the contract to the receiving dealer/trustee.

Authorized Signature of current Dealer/Trustee

Date signed (DD/MM/YYYY)

4 Beneficiary Change

Terms applicable to a transfer to a Client RRSP or Client RRIF policy:

- The death benefit will be paid to the estate if no beneficiary is designated.
- If a beneficiary is designated irrevocably, you cannot exercise certain contractual rights without the irrevocable beneficiary's consent. Minors named as irrevocable beneficiaries cannot give such consent.
- A contingent beneficiary has no rights as long as a primary beneficiary is living.

Where the (i) dealer/trustee is changed in a nominee registered plan, (ii) the transfer is from a client-named policy to a nominee registered plan; (iii) the transfer is from a nominee non-registered to a nominee registered plan, **the previously-designated beneficiary must be changed to "the trustee in trust for the beneficial owner"**.

New Beneficiary Designation: _____

In Quebec: If you name your married or civil union spouse as beneficiary, this designation is irrevocable unless you specifically indicate that the designation is revocable.

Where the transfer is to a Client-Name RRSP or Client-Name RRIF policy, please complete the section below, as applicable:

Last name	First name	Middle initial(s)	Date of birth (DD/MM/YYYY)
Relationship to Annuitant (Owner in Quebec)	Revocable	Irrevocable	Primary
			Contingent
			Share of benefits %
Last name	First name	Middle initial(s)	Date of birth (DD/MM/YYYY)
Relationship to Annuitant (Owner in Quebec)	Revocable	Irrevocable	Primary
			Contingent
			Share of benefits %

Trustee for minor beneficiaries (except for Quebec)

In Quebec: In the case of a minor beneficiary, the Death Benefit will be paid to the Tutor(s) of the minor.

Last name	First name	Middle initial(s)	Date of birth (DD/MM/YYYY)
Address			Apt./Suite #
City	Province/territory/state	Country	Postal/zip code
Relationship to minor			

Consent of the irrevocable beneficiary, if applicable.

The irrevocable beneficiary consents to the transfer in section 2 and acknowledges that by consenting to the transfer, all rights and benefits she/he may have previously under the contract will cease to apply. A minor irrevocable beneficiary cannot provide this consent.

Irrevocable Beneficiary Signature

Witness Signature

Date signed (DD/MM/YYYY)

Date signed (DD/MM/YYYY)

5 Acknowledgement of Owner or Beneficial Owner

Your signature below confirms that:

- I certify that the information given in this form is correct and complete. I agree to immediately notify ivari of any errors, omissions or changes in the information provided in this form. As the Policy Owner, 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 form and information regarding my policy, contract and account may be reported to Canada Revenue Agency (CRA).
- The transfer applies only to the full transfer of the contract.
- You understand that creditor protection may not be available if the contract is held in the name of the dealer/nominee/trustee.
- You designate the dealer/nominee as your agent and authorize us to accept instructions from the dealer/nominee to execute transactions, including purchases, surrenders and switches. We are not liable for following the instructions from the dealer/nominee.
- If your contract is held in nominee name, correspondence and other communication to you may, at the request of the dealer/nominee, be sent to the dealer/nominee.
- **Except in a nominee registered to a client non-registered transfer and a client registered to a nominee non-registered transfer, the contract maturity date, and deposit maturity dates, DSC, maturity and death benefits will remain unchanged.** In the two listed cases, the transfer will be processed as a withdrawal from and a purchase back into the contract. Guarantees are impacted. This transaction may trigger sales charges and is a taxable event.

Signature of Owner 1 or Beneficial Owner

Signature of Owner 2 or Beneficial Owner

Authorized Signature on behalf of Trustee
(nominee registered contracts only)

Date signed (DD/MM/YYYY)

Date signed (DD/MM/YYYY)

Date signed (DD/MM/YYYY)

Province/territory/state

Province/territory/state

Province/territory/state

6 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 any forms you submit in the future about the 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 as part of our claims analysis, we may also collect your personal information from external sources such as, consumer and credit reporting agencies, and others.

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, market intermediaries, and your beneficiaries and assignees.

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

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**

7 Advisor Information

Signature of Advisor

Date signed (DD/MM/YYYY)

GA/Dealer code

SA/Rep code

Advisor/Rep name



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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