

## Transfer of Ownership

In this form, the terms “you” and “your” refer to the current Owner of the policy. The term “we” refers to ivari.

### 1 Current Policy information **THIS SECTION MUST BE COMPLETED IN FULL**

**Depending on the relationship between the current Owner and new Owner, the transfer may have tax consequences.**

The Transfer of Ownership form must be signed as follows if the ownership is held:

- a) jointly – by both Owners
- b) by a corporation – the authorized signatories
- c) by a deceased Owner – the executor or administrator

**Note: For Executor or Administrator, additional information may be required, for example a death certificate, will or court order.**

**Policy Number: (the “Policy”) issued or assumed by ivari (herein called the “Company”)** \_\_\_\_\_

<b>Name of Current Owner 1</b> Last name	First name
<b>Name of Current Owner 2</b> Last name	First name
Irrevocable Beneficiary's name (if applicable)	Annuitant name (if other than Owner)

By signing below, you revoke all previous beneficiary and successor owner or subrogated policyowner designations and absolutely assign all rights and interests in the above policy to:

State name of new Owner	Relationship to new Owner (to determine tax consequences)
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\_\_\_\_\_  
 Signature of Current Owner 1

\_\_\_\_\_  
 Signature of Witness for Current Owner 1

\_\_\_\_\_  
 Signature of Current Owner 2

\_\_\_\_\_  
 Signature of Witness for Current Owner 2

Signed at (city) \_\_\_\_\_ in the province/territory/state of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

### 2 Irrevocable Beneficiary **(IF APPLICABLE)**

By signing below, the irrevocable beneficiary consents to the transfer of ownership and relinquishes his or her rights as irrevocable beneficiary under the Policy.

\_\_\_\_\_  
 Signature of Irrevocable Beneficiary

\_\_\_\_\_  
 Signature of Witness for Irrevocable Beneficiary

Signed at (city) \_\_\_\_\_ in the province/territory/state of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

### 3 Main Purpose of Investment

- |                       |                     |             |
|-----------------------|---------------------|-------------|
| Investment Planning   | Retirement Planning | Tax Savings |
| Key Person Protection | Investment Loan     | Other _____ |

**4 New Owner details** **THE NEW OWNER MUST BE A CANADIAN CITIZEN AT THE TIME THIS FORM IS COMPLETED.**

If the new Owner is a corporation, non-corporate entity or trust, you must submit a signed and completed *Policy Ownership for Corporate & Non-corporate entities or Trusts form (IP-LP1747)*.

Joint ownership with rights of survivorship is not offered in Quebec.

The new Owner is a(n):      Individual                      Corporate Entity (additional corporate documentation is required)  
                                                  Joint Ownership (please complete section 4b)                      Trust (attach trust documentation)

**a) NEW OWNER 1**      Mr.    Mrs.    Ms.    Miss    Other \_\_\_\_\_

Last name		First name		Middle Initial(s)
Street address				Apt.
City	Province/territory/state	Country	Postal/zip code	
Relationship to Annuitant	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.

**b) NEW OWNER 2**      Mr.    Mrs.    Ms.    Miss    Other \_\_\_\_\_

Last name		First name		Middle Initial(s)
Street address				Apt.
City	Province/territory/state	Country	Postal/zip code	
Relationship to Annuitant	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.

**5 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.

	NEW OWNER 1	NEW 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:

New Owner 1 \_\_\_\_\_ New 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):

**NEW OWNER 1**

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

**NEW 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.

**6 For Quebec only**

By signing here, the annuitant consents to the transfer of the Policy to the new Owner in section 4.

\_\_\_\_\_  
Signature of Annuitant

\_\_\_\_\_  
Signature of Witness for Annuitant

Signed at (city) \_\_\_\_\_ in the province/territory/state of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

**7 Politically Exposed Persons and/or Heads of International Organizations**

Is a premium and/or lump sum payment equal to or greater than \$100,000 being made? ..... Yes No  
 If the answer is “yes”, each proposed new Owner must complete the *Politically Exposed Persons and/or Heads of International Organizations form (IP-LP1165)* and submit it along with this form.

**8 Beneficiary information**

**The death benefit will be paid to you or your estate if no beneficiary is designated.**

If a beneficiary is designated irrevocably, the Owner cannot exercise certain contractual rights without the irrevocable beneficiary’s consent. Minors named as irrevocable beneficiaries cannot give such consent.

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

A contingent beneficiary has no rights as long as a primary beneficiary is living.

Last name		First name		Middle Initial(s)
Relationship to Annuitant (Relationship to Owner in Quebec)		Revocable	Irrevocable	Primary Contingent
				Share of benefits %
Last name		First name		Middle Initial(s)
Relationship to Annuitant (Relationship to Owner in Quebec)		Revocable	Irrevocable	Primary Contingent
				Share of benefits %
Last name		First name		Middle Initial(s)
Relationship to Annuitant (Relationship to Owner in Quebec)		Revocable	Irrevocable	Primary Contingent
				Share of benefits %

**Trustee for minor beneficiaries (except for Quebec)**

Last name		First name		Middle Initial(s)	Date of birth (DD/MM/YYYY)
Street address				Apt.	Relationship to minor
City	Province/territory/state		Country		Postal/zip code

**9 Systematic Withdrawal Plan ( SWP)**

**All systematic plans SWP will be stopped.**

The new Owner is to provide instructions using the *Investment Products Financial Services form (IP416)*

**10 New Owner Certification**

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this application/form.
- The information provided in this application/form is current, correct and complete.
- I have read and fully understood the contents of this application/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 this form. 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 the Canada Revenue Agency (CRA).”

\_\_\_\_\_  
Signature of New Owner 1

\_\_\_\_\_  
Signature of Witness for New Owner 1

\_\_\_\_\_  
Signature of New Owner 2

\_\_\_\_\_  
Signature of Witness for New Owner 2

\_\_\_\_\_  
Signature of Assignee

Signed at (city) \_\_\_\_\_ in the province/territory/state of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

**11 Verification of identity** **TO BE COMPLETED BY THE ADVISOR**

**This section must be fully completed by a Licensed Agent.** We are required to verify the identity of the applicant pursuant to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

\*\*\*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 to verify their identity as required by law.

**Are the Owners applying for the policy on behalf of a third party?** Yes No

If “yes,” complete the **Identity and Third Party Determination form (IP-LP782)**.

**Owner**

Driver’s licence      Passport      Canadian citizenship      Age of majority  
Canadian Armed Forces identification      Other (specify) \_\_\_\_\_

Identification document***	Identification document number***	Document expiry date (DD/MM/YYYY)	Issuing jurisdiction and country
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**Joint Owner (If section 4b New Owner 2 is completed)**

Driver’s licence      Passport      Canadian citizenship      Age of majority  
Canadian Armed Forces identification      Other (specify) \_\_\_\_\_

Identification document***	Identification document number***	Document expiry date (DD/MM/YYYY)	Issuing jurisdiction and country
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## 12 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 Annuitant. 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 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 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](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 and 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**

**13 Licensed agent information and signature**

**THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL MANDATORY SECTIONS ARE COMPLETED.**

By signing below, I confirm that I have:

- a) reviewed an original non-expired document to confirm the identity and witnessed the signature(s) of the applicant(s);
- b) verified an original valid identification of the Owner/annuitant and successor annuitant/successor owner (if applicable) to confirm the Owner/annuitant's date of birth;
- c) made reasonable efforts to determine if the Owner(s) is(are) acting on behalf of a third party.

Licensed agent name (First, middle, last)		Middle Initial(s)
Dealer number	Rep code	Dealer name

Signature of Advisor \_\_\_\_\_ Date signed (DD/MM/YYYY) \_\_\_\_\_

**14 Special instructions**



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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