



Non-Financial Service Form (for existing Clients Only)

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

Policy number: _____

1 Indicate Policy Type and Policy Owner **THIS SECTION MUST BE COMPLETED IN FULL**

Non-registered RSP Spousal RSP LRSP/LIRA RIF/LIF/PRIF

Mr. Mrs. Ms. Miss Dr. _____

OWNER 1 Last name	First name	Middle initial(s)
OWNER 2 Last name (if applicable)	First name (if applicable)	Middle initial(s)
Irrevocable Beneficiary's name (if applicable)	Annuitant name (if other than Owner)	

2 Name Change **PLEASE PRINT THE NEW NAME OF THE POLICY OWNER. A COPY OF CHANGE OF NAME DOCUMENTATION MUST BE ATTACHED.**

Mr. Mrs. Ms. Miss Dr. _____

Last name	First name	Middle initial(s)
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Old Signature

New Signature

3 Address Change

Should spousal address be changed? Yes No

Non-Canadian address change? Yes No If "yes," complete the Declaration section below

PLEASE PRINT THE NEW ADDRESS OF THE POLICY OWNER.

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

COMPLETE ONLY FOR NON-CANADIAN ADDRESS CHANGES ON NON-REGISTERED POLICIES

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.

4 Beneficiary Change

Revocable or Irrevocable – Please indicate whether the beneficiary is revocable or irrevocable. In all provinces and territories, the beneficiary is revocable unless otherwise indicated, except in Quebec, if you name a spouse to whom you are legally married as primary beneficiary, this designation is irrevocable unless you indicate otherwise. If a beneficiary is irrevocable, you cannot change the beneficiary or annuitant, make withdrawals or assign the contract without authorization from the irrevocable beneficiary.

Primary or Contingent –The beneficiary is deemed primary unless otherwise indicated.

I the undersigned revoke any previous beneficiary designation and any request respecting payment proceeds and any election of settlement now in effect under the above described policy issued by ivari and change the beneficiary designation as follows:

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

Trustee – If a minor is designated as a beneficiary it is recommended that a trustee be appointed (except for Quebec).

Full Name/Address & S.I.N. of Trustee	Relationship to Annuitant
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is hereby appointed as Trustee to receive any payment due to any beneficiary designated in this form who is a minor child on the date such payment falls due (in the province of Quebec, where a payment of proceeds made to a minor is in excess of \$25,000.00, ivari is required to advise the Public Curator of the amount of the benefit due and the name and address of the beneficiary).

5 Banking Information Change

Please attach a pre-printed personalized void cheque.

6 Client Authorization

Please sign below.

By signing, 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 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 Policy Owner

Date: _____
(DD/MM/YYYY)

Signature of Joint Policy Owner (if applicable)

Date: _____
(DD/MM/YYYY)

Signature of Irrevocable Beneficiary (if applicable)

Date: _____
(DD/MM/YYYY)

7 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 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.

If you do not provide your TIN here, then ivari will need to obtain your TIN 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.

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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**

8 For Representative Use Only

Dealer code

Rep code

Investment Advisor's name

Signature of Advisor

Date: _____
(DD/MM/YYYY)



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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Please provide 1 copy for each: Head office, Advisor, Dealer/GA, Client