



Corporate/Non-corporate entity/Trust ownership

500-5000 Yonge Street
Toronto, ON M2N 7J8
ivari.ca

Applicant/Owner name _____ Policy No. (if available) _____

CORPORATION/NON-CORPORATE ENTITY/TRUST IDENTIFICATION – Complete this form if the Owner(s) 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 and 4	<ul style="list-style-type: none"> • Declaration of Tax Residency for an Entity form (IP-LP1601) • Certificate of Incumbency (submit your own or use our form IP-LP1572)
Non-corporate entity	# 1, 2 and 3	<ul style="list-style-type: none"> • Declaration of Tax Residency for an Entity form (IP-LP1601) • Certificate of Incumbency (submit your own or use our form IP-LP1572) 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 and 5	<ul style="list-style-type: none"> • Declaration of Tax Residency for an Entity form (IP-LP1601) • Certificate of Incumbency (submit your own or use our form IP-LP1572) 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 _____

Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country
_____	_____	_____	_____

Name: _____ Job Title _____

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/Registration number: _____

e) Place of federal or provincial incorporation/Issuing jurisdiction: _____

3 Names of all 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.

Name of individual	Occupation	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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
_____	_____
_____	_____

Certification by Authorized Signing Officer/person with signing authority for the Entity

I certify the above is a full, complete and accurate disclosure in respect of the Entity. I also have the authority to sign this form on behalf of the Entity.

_____	_____
Print name and title	Signature

	Date (DD/MM/YYYY)

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

	Date (DD/MM/YYYY)

_____	_____
Dealer/GA Code	Rep/Advisor Code



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