



Identity and Third Party Determination

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

Applicant 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: _____

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

OWNER 2 Name: _____ Date of birth: (DD/MM/YYYY) _____
Occupation: _____

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

Acceptable documents are 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 Declaration of tax residency

OWNER 1	OWNER 2
YES NO	YES NO

Please answer the following three statements. Depending on your situation, you may answer "yes" to more than one.

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

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

Please provide your taxpayer identification number (TIN) from the United States:

Owner 1 _____ Owner 2 _____

If you do not have a TIN from the United States, have you applied for one?

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).

If you do not have a TIN for a specific country, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My country of residence does not issue TINs to its residents.

Reason 3: Other reason, provide details.

	COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3
OWNER 1			

	COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3
OWNER 2			

I/We certify that the information given in this section is correct and complete. I/We agree to immediately notify *ivari* of any errors, omissions or changes in the information provided in this section. As the policy owner(s), I/We acknowledge that I/we have an obligation under the *Income Tax Act* to notify *ivari* of any changes in my/our tax residency status. I/We acknowledge that the information contained in this section and information regarding my/our 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) _____

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3 Third Party determination

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"**, collect the following information on the Third Party.

Name of Third Party: _____

Relationship of Third Party to Owner(s): _____

Address of Third Party: _____

Date of birth of Third Party: (DD/MM/YYYY) _____ Occupation/Business of Third Party: _____

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): _____

4 Advisor verification/Information

I/We have verified the identity of the individual(s) who submitted this form by referring to the original, non-expired documents.

I/We confirm that the information recorded on page 1 was correctly copied from such document(s) and that I/we used reasonable efforts to determine if the Owner(s) is/are acting on behalf of Third Parties.

Dealer/GA Code _____ Rep/Advisor Code _____

Name of Advisor Signature of Advisor

Date: (DD/MM/YYYY) _____



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