



## OWNERSHIP CHANGE FORM - S&R

Annuitant(s):	Current Owner(s):
Contract #:	Contract #:
<p>I/We consent to contract related documentation, including the current annual statement, being provided to the new owner(s), and transfer all rights and interest in the above contract, absolutely and irrevocably, subject to the terms and conditions of the contract to the new owner(s) identified below.</p> <p>If the beneficiary is revocable, this transfer of ownership terminates the existing beneficiary designation. The new owner(s) should complete the <a href="#">Beneficiary Change Request (form #671BCF)</a>, otherwise the contract proceeds become payable to the new owner's estate. For Non-Registered contracts only: If the new owner is an entity, you must also complete and remit <a href="#">Business Information Form (form #594)</a>.</p> <p>The following information is required to comply with Canadian legislation. In order for us to process your Ownership Change, please complete all fields in the applicable sections.</p>	

<b>1a. NEW PRIMARY OWNER</b>					
I/We understand this address will be used as the mailing address unless other instructions are received by the Company.					
New Owner:			Date of birth (dd/mm/yyyy):		
Address (Street, City, Postal code):					
Telephone number:			Email Address:		
Social Insurance Number (SIN):		Occupation (job title and duties) – if not working, indicate former occupation:			
<p>Select one of the three ID Verification options (NON-REGISTERED CONTRACTS ONLY):</p> <p><b>Verification of Identity:</b> Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.</p> <p><input type="checkbox"/> I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:</p>					
Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)	
<p>If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to <a href="http://www.equitable.ca/go/alternative-identification">www.equitable.ca/go/alternative-identification</a> for information on our alternative identification requirements.</p> <p><input type="checkbox"/> I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:</p>					
Category*	Document Type	Document Issuer	Document/Account Number	Document Date** (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)
<p>*Category A – Name and address, Category B – Name and date of birth, Category C – Name and account information. **Expiry Date if available, otherwise Issue Date.</p> <p><input type="checkbox"/> I, the Owner, consent to Equitable® verifying my identity through a third party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money laundering legislation.</p>					

This form has been prepared for the convenience of the owner. The Company does not assume responsibility for its validity or sufficiency.

# OWNERSHIP CHANGE FORM



## 1b. NEW JOINT OWNER

If there will be a new joint owner, provide their information below:

New Joint Owner: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_

Address (Street, City, Postal code): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_ Occupation (job title and duties)  
- if not working, indicate former occupation: \_\_\_\_\_

Select one of the three ID verification options (NON-REGISTERED CONTRACTS ONLY):  
**Verification of Identity:** Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to [www.equitable.ca/go/alternative-identification](http://www.equitable.ca/go/alternative-identification) for information on our alternative identification requirements.

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories\* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date** (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

\*Category A – Name and address, Category B – Name and date of birth, Category C – Name and account information.  
 \*\*Expiry Date if available, otherwise Issue Date

I, the Joint Owner, consent to Equitable verifying my identity through a third party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

## 2. TAX CONSIDERATIONS (NON-REGISTERED CONTRACTS ONLY)

**Note:**

- The information in this section is required to determine the tax consequences of the ownership change.
- For information about whether individuals or entities are "related" for tax purposes, please consult your tax advisor.
- If the current owner is deceased and no successor/contingent owner was named, proceed to Reason for Change question.

### Transfers between individuals

If the transfer is between individuals, indicate below the relationship of the current owner to the new owner (select one):

Current owner	New owner
<input type="checkbox"/> Parent (including adoptive, in-law)	> Child
<input type="checkbox"/> Grandparent (including adoptive, in-law)	> Grandchild
<input type="checkbox"/> Spouse	> Spouse
<input type="checkbox"/> Former spouse	> Former spouse
<input type="checkbox"/> Sibling (including in-law)	> Sibling
<input type="checkbox"/> Individual, other than those listed above, who IS related to the other individual for tax purposes	> Individual, other than those listed above, who IS related to the other individual for tax purposes
<input type="checkbox"/> Individual who IS NOT related to the other individual for tax purposes	> Individual who IS NOT related to the other individual for tax purposes



## OWNERSHIP CHANGE FORM

### 2. TAX CONSIDERATIONS (NON-REGISTERED CONTRACTS ONLY) (CONT.)

**Transfers involving a corporation, trust or other entity**

If the transfer involves a corporation, trust or other entity, indicate below the relationship of the current owner to the new owner (select one):

Current owner	New owner
<input type="checkbox"/> Individual	> Trust
<input type="checkbox"/> Individual who IS related to the corporation for tax purposes	> Corporation that IS related to the individual for tax purposes
<input type="checkbox"/> Individual who IS NOT related to the corporation for tax purposes	> Corporation that IS NOT related to the individual for tax purposes
<input type="checkbox"/> Trust	> Individual
<input type="checkbox"/> Corporation that IS related to the individual for tax purposes	> Individual who IS related to the corporation for tax purposes
<input type="checkbox"/> Corporation that IS NOT related to the individual for tax purposes	> Individual who IS NOT related to the corporation for tax purposes
<input type="checkbox"/> Corporation that IS related to the other corporation for tax purposes	> Corporation that IS related to the other corporation for tax purposes
<input type="checkbox"/> Corporation that IS NOT related to the other corporation for tax purposes	> Corporation that IS NOT related to the other corporation for tax purposes
<input type="checkbox"/> Other – specify: _____	> Other – specify: _____

**Reason for change of ownership (select one of the following):**

- Death of current owner
- Transfer of contract in settlement of rights arising out of, or on breakdown of, a marriage or common-law partnership
- Wind up of corporation
- Amalgamation of corporations
- Distribution from a trust to a capital beneficiary of a trust
- Donation to a registered charity
- None of the above

**Consideration paid to the current owner by the new owner**

What is the amount of money or the fair market value of the consideration paid (if any) by the new owner to the current owner for the contract?  
\$ \_\_\_\_\_

### 3. DECLARATION OF TAX RESIDENCE (NON-REGISTERED CONTRACTS ONLY)

**New Owner:** check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_
- I am a tax resident in a jurisdiction other than Canada or the United States:  
     Jurisdiction of tax residence                      TIN or functional equivalent:  
     \_\_\_\_\_    \_\_\_\_\_

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: \_\_\_\_\_



## OWNERSHIP CHANGE FORM

### 3. DECLARATION OF TAX RESIDENCE (NON-REGISTERED CONTRACTS ONLY) (CONT.)

New Joint Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_
- I am a tax resident in a jurisdiction other than Canada or the United States:  
 Jurisdiction of tax residence \_\_\_\_\_ TIN or functional equivalent: \_\_\_\_\_

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: \_\_\_\_\_

### 4. APPOINTMENT OF CONTINGENT OWNER

I/We revoke all previous designations of contingent contract owners(s) [subrogated holder(s)] under this contract and, upon my death, appoint the person(s) below to become the contract owner(s) [holder(s)] of this contract, if living, otherwise ownership of this contract will automatically transfer to my/our estate(s).

Full name of contingent contract owner:

Social Insurance Number (SIN):

Date of birth (dd/mm/yyyy):

Email Address:

### 5. THIRD PARTY

#### Is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the owner or annuitant will be contributing or has/will have an ownership interest in this contract. Examples include a power of attorney signing on behalf of the owner, someone other than the owner or annuitant is paying contributions, or a corporation having use or access to the contract values.

- No (If Owner)  
If No continue to section 6 entitled "Source of funds".
- Yes (If someone other than the Owner)  
If yes, complete the appropriate section; Individual Third Party or Business/Entity Third Party.

Type of Third Party (select one and attach any applicable legal documentation)

- payor  trustee  executor  collateral/assignee  attorney/power of attorney/mandatary
- other (please specify): \_\_\_\_\_

#### Individual Third Party

Name of Third Party (first, middle, last)

Date of Birth (dd/mm/yyyy)

Phone number

Address (number, street and apartment)

City or Town

Province and Country

Postal Code

Relationship to owner

Occupation (job title and duties) –  
if not currently working, indicate former occupation



## OWNERSHIP CHANGE FORM

<b>Business / Entity Third Party</b>		
Full Legal Name		
Address (number, street and apartment)	City or Town	Province
Phone Number	Postal Code	Country
Relationship to Owner	Nature of principal business	
Incorporation / Registration Number (if applicable)	Jurisdiction / Country of Issue (if applicable)	

<b>6. SOURCE OF FUNDS</b>	
Check all that apply:	
<input type="checkbox"/> Salary or Earned Income	<input type="checkbox"/> Business Income
<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Borrowed Funds
<input type="checkbox"/> Gifted Funds	<input type="checkbox"/> Proceeds from Death Benefits or Estate
<input type="checkbox"/> Applicant / Owner Savings	<input type="checkbox"/> Other: _____

<b>7. PURPOSE OF THE CONTRACT</b>		
Check all that apply. (Not all contracts are suitable for all purposes):		
<input type="checkbox"/> Short Term Savings	<input type="checkbox"/> Retirement / Long Term Savings	<input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement
<input type="checkbox"/> Income Creation	<input type="checkbox"/> Gift	<input type="checkbox"/> Income / Family Protection
<input type="checkbox"/> Legacy / Inheritance / Estate Protection	<input type="checkbox"/> Mortgage / Debt Insurance	<input type="checkbox"/> Education Purposes
<input type="checkbox"/> Other _____		



## OWNERSHIP CHANGE FORM

### 8. SIGNATURES

I certify that the information provided on this form is current, correct and complete. I will notify Equitable within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.

Signed at \_\_\_\_\_  
city province this day of month year

#### Ownership Change – Required Signatures:

\_\_\_\_\_  
Signature of current contract owner(s)

\_\_\_\_\_  
Signature of new contract owner(s)

\_\_\_\_\_  
Signature of assignee (if applicable)

\_\_\_\_\_  
Signature of irrevocable beneficiary(ies) (if applicable)

I relinquish all rights as irrevocable beneficiary and consent to the appointment of a new beneficiary

### 9. ADVISOR DECLARATION

To the best of my knowledge, the information provided is complete and true.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Advisor Code

Note: If you own this contract you can not sign as the advisor because you cannot validate your own ID pursuant to anti-money laundering legislation. If applicable, this declaration must be completed by another licensed and contracted advisor.

### 10. INSTRUCTIONS FOR NAME AND OWNERSHIP CHANGES

1. Please ensure all information is printed clearly and legibly on the form.
2. This form may be used to make identical changes to more than one contract, if the annuitant(s) and owner(s) are the same for each contract.
3. For Non-Registered contracts only: If the new owner is an entity, you must also complete and remit [Business Information Form \(form #594\)](#).
4. A change of ownership may have tax consequences. Please contact your tax advisor before making changes.
5. A change of ownership may affect the interest of beneficiaries elected prior to the date of ownership change.
6. Signature requirements: when the form is completed by a:
  - corporation: the full name of the corporation must be printed with authorized person(s) signature and title mentioned.
  - partnership or firm: the full name of the partnership or firm must be printed with signatures of all partners.
  - sole proprietorship: the sole proprietor must sign the form with sole proprietor written beside the signature.
7. A transfer of ownership is not permitted under a registered contract.
8. The owner(s) must initial any changes made to the form.
9. Due to the recent change(s) to your contract, we may be required to disconnect your contract from the current Client Access profile.

This form has been prepared for the convenience of the contract owner. The Company does not assume responsibility for its validity or sufficiency.

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800 668 4095.