



OWNERSHIP CHANGE FORM

Life insured(s) or annuitant(s):		Current policyowner(s):	
Policy #:	Policy #:	Policy #:	
Is this Ownership Change being submitted with a policy change? (For Life Insurance only) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, the changes apply to: (Select only one option) <input type="checkbox"/> Current Policy Only <input type="checkbox"/> New Policy Only <input type="checkbox"/> Both Current and New Policy			

1. CHANGE OF OWNERSHIP

If the beneficiary is revocable, this transfer of ownership terminates the existing beneficiary designation. The new owner(s) should complete the [Beneficiary Change Request \(form #671BCF\)](#), otherwise the policy proceeds become payable to the new owner(s) estate(s).
 For Whole Life, Universal Life and Non-Registered policies only: If the new owner is an entity, you must also complete and remit [Business Information Form \(form #594\)](#).

I/We understand this address will be used as the premium billing address unless other instructions are received by the Company. I/We consent to policy related documentation, including current annual policy statement, being provided to the new policy owner, and transfer all rights and interest in the above policy, absolutely and irrevocably, subject to the terms and conditions of the policy to:

New Policyowner:	Relationship to current owner:	
Address:	Postal code:	
Social Insurance Number (SIN):	Telephone number:	Date of birth (dd/mm/yyyy):

Occupation (job title and duties) - if retired, indicate former occupation:

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: driver's licence, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card. If you do not have one of the pieces of identification indicated, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

Confirmation by advisor (choose one):

- I, the advisor, have held and viewed the original photo identification. Provide details:
- Identification Type: _____ Expiry Date (dd/mm/yyyy): _____
 Identification Number: _____ Date Advisor Verified (dd/mm/yyyy): _____
 Issuing Jurisdiction / Country: _____
- I, the advisor, have followed the alternative identification instructions, including reviewing two original documents as set out in the instructions. Copies of the two documents are attached with this application.



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1. CHANGE OF OWNERSHIP (CONTINUED)

If joint owner complete below:

New Policyowner:	Relationship to present owner:	
Address:		Postal code:
Social Insurance Number (SIN):	Telephone number:	Date of birth (dd/mm/yyyy):

Occupation (job title and duties) - if retired, indicate former occupation:

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: driver's licence, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card. If you do not have one of the pieces of identification indicated, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

Confirmation by advisor (choose one):

I, the advisor, have held and viewed the original photo identification. Provide details:

Identification Type: _____ Expiry Date (dd/mm/yyyy): _____

Identification Number: _____ Date Advisor Verified (dd/mm/yyyy): _____

Issuing Jurisdiction / Country: _____

I, the advisor, have followed the alternative identification instructions, including reviewing two original documents as set out in the instructions. Copies of the two documents are attached with this application.

2. DECLARATION OF TAX RESIDENCE (FOR WHOLE LIFE, UNIVERSAL LIFE AND NON-REGISTERED POLICIES ONLY)

New Policy 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): _____

I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN): _____

If you do not have a TIN 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: _____

New Joint Policy 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): _____

I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN): _____

If you do not have a TIN 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: _____



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3. APPOINTMENT OF CONTINGENT POLICYOWNER

I/We revoke all previous designations of contingent policyowners(s) [subrogated holder(s)] under this contract and, upon my death, appoint the person(s) below to become the policyowner(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 policyowner:

Date of birth (dd/mm/yyyy):

Social Insurance Number (SIN):

4. THIRD PARTY

Is the Owner acting on behalf of a Third Party?

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

No (If Owner/Insured)

If No continue to section #5 Purpose of the Policy.

Yes (If someone other than the Owner/Insured)

If yes, complete the appropriate section; Individual Third Party or Business/Entity Third Party.

Individual Third Party

Name of Third Party (first, middle, last):

Date of Birth (dd/mm/yyyy)

Relationship to Owner

Address (number, street and apartment)

City or Town

Province

Postal Code

Country

Occupation (job title and duties) - if retired, indicate former occupation

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

payor trustee executor collateral/assignee attorney/power of attorney/mandatory

other (please specify): _____

Business / Entity Third Party

Full Legal Name

Relationship to Owner

Address (number, street and apartment)

City or Town

Province

Postal Code

Country

Nature of principal business

Incorporation Number (if applicable)

Place of Incorporation (if applicable)

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

payor trustee executor collateral/assignee attorney/power of attorney/mandatory

other (please specify): _____



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5. PURPOSE OF THE POLICY

Please complete when the ownership of the policy is changing. Note: Not all policies 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 _____ | | |

6. SIGNATURES

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

Signed at _____ this _____ of _____
(city) (province) (day) (month) (year)

Ownership Change – Required Signatures:

Signature of current policyowner(s)

Signature of new policyowner(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

To the best of my knowledge, the information provided is complete and true. I will notify Equitable Life within 30 days of any change to the information provided on this form.

Signature of Advisor

8. INSTRUCTIONS FOR NAME AND OWNERSHIP CHANGES

- Please ensure all information is printed clearly and legibly on the form.
- This form may be used to make identical changes to more than one policy, if the insured/annuitant(s) and owner(s) are the same for each policy.
- For Whole Life, Universal Life and Non-Registered policies only: If the new owner is an entity, you must also complete and remit [Business Information Form \(form #594\)](#).
- A change of ownership may have tax consequences. Please contact your tax advisor before making changes.
- A change of ownership may affect the interest of beneficiaries elected prior to the date of ownership change.
- 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.
- A transfer of ownership is not permitted under a registered policy.
- The ownership of a G3 (issue date of January 1, 2017 or later) multiple life term insurance policy cannot be transferred to a company.
- The policy owner(s) must initial any changes made to the form.
- Due to the recent change(s) to your policy, you may be required to update your Client Access to reflect the changes.

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

Please note: Equitable Life® 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 Life 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.