



BUSINESS INFORMATION FORM

Applicant/Owner Name (first, last)	Application/Policy Number
This form must be completed when the owner of the policy is a business or organization. Please complete all applicable sections.	

1. Entity Identification			
Please complete the applicable section: a) Corporation b) Sole Proprietor/Partnerships/Associations/Unions c) Not For Profit Organization d) Estate or Trust			
a) Corporation			
Full Legal Corporate Name		Business Number or Quebec Enterprise Number	
Incorporation Number		Jurisdiction (federal/provincial)	
Address (street number and name)			City
Province	Postal Code	Email Address	
Describe principal business activity (if a holding company, describe the nature of businesses held)			
Do you carry on business under any other names? Please list:			
I have attached the following evidence of existence (choose at least one): <input type="checkbox"/> a copy of articles of incorporation <input type="checkbox"/> business license <input type="checkbox"/> registration of business name or corporate search			
List the name(s) of the corporation's directors:			
Name		Name	
Name		Name	



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1. Entity Identification (continued)

b) Sole Proprietor/Partnerships/Associations/Unions

Full Name of Entity		Business Number or Quebec Enterprise Number	
Registration Number (if applicable)		Jurisdiction (federal/provincial)	
Address (street number and name)			City
Province	Postal Code	Email Address	
Describe principal business activity (if a holding company, describe the nature of businesses held)			

List the name(s) of the organization's principals/directors:

Name	Name
Name	Name

Please attach as applicable:

Sole Proprietor and Partnership:

Copy of business license or registration of business name
(Not required if name of company is the exact name of the proprietor)

Association:

Copy of the bylaws, regulations, association agreement/nominate contract (PQ)

Union:

Copy of most recent collective agreement

Limited Liability or Other Corporation:

Articles of incorporation



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1. Entity Identification (continued)

c) Not for Profit Organization (Incorporated or Non-Incorporated)

Full Name of Not for Profit Organization		
Incorporation Number (if applicable)		Jurisdiction (federal/provincial)
Address (street number and name)		City
Province	Postal Code	Email Address
Describe principal business activity (if a holding company, describe the nature of businesses held)		

I have attached one of the following (if applicable):

- a copy of articles of incorporation business license registration of business name or corporate search

Does the organization solicit public contributions? Yes No

Is the organization registered with Canada Revenue Agency? Yes No

If yes, Registration Number _____

List the name(s) of the organization's directors:

Name	Name
Name	Name

d) Estate or Trust

Complete the following information for all trustees/executors, beneficiaries and settlors of the Estate or Trust:

Select as applicable:	Name	Address
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor		

I have attached evidence of existence (choose at least one): Trust Agreement/Deed Will/Estate Documents



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2. Beneficial Ownership

A beneficial owner is an individual who owns or controls, directly or indirectly, 25% or more of the business/entity. Complete the following for each beneficial owner.

No person owns or controls, directly or indirectly, 25% or more of the above business/entity.

Name (first, middle initial, last)	Residential Address (street number and name)	
City	Province	Postal Code

Name (first, middle initial, last)	Residential Address (street number and name)	
City	Province	Postal Code

Name (first, middle initial, last)	Residential Address (street number and name)	
City	Province	Postal Code

If you were unable to provide the information for any of the beneficial owners, please explain why:

3. Identity Verification

Use this section to verify the identification of the individual(s) who has the authority to sign or provide direction on behalf of the corporate/non-corporate entities for the above application/contract number.

Name (first, middle initial, last)
Residence Address

Please choose one of the following Verification of Identification methods (A or B):

A) In Person:

Your Canadian identification must be verified by your advisor. Choose one of the following: driver's license, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card.

Confirmation by advisor:

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

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

B) Non Face-to-Face

Use this method when the advisor is not physically present to verify the identification.

Date of Birth (dd/mm/yyyy)	Residence Phone Number
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I, the signing officer identified above, consent to Equitable Life verifying my identity through a third party service provider.



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3. Identity Verification (continued)

Name (first, middle initial, last)

Residence Address

Please choose one of the following Verification of Identification methods (A or B):

A) In Person:

Your Canadian identification must be verified by your advisor. Choose one of the following: driver's license, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card.

Confirmation by advisor:

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

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

B) Non Face-to-Face

Use this method when the advisor is not physically present to verify the identification.

Date of Birth (dd/mm/yyyy)	Residence Phone Number
----------------------------	------------------------

I, the signing officer identified above, consent to Equitable Life verifying my identity through a third party service provider.

Name (first, middle initial, last)

Residence Address

Please choose one of the following Verification of Identification methods (A or B):

A) In Person:

Your Canadian identification must be verified by your advisor. Choose one of the following: driver's license, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card.

Confirmation by advisor:

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

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

B) Non Face-to-Face

Use this method when the advisor is not physically present to verify the identification.

Date of Birth (dd/mm/yyyy)	Residence Phone Number
----------------------------	------------------------

I, the signing officer identified above, consent to Equitable Life verifying my identity through a third party service provider.



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4. Declaration of Tax Residence

Check all of the options that apply to the entity.

The entity is a tax resident of Canada. If the entity is a trust, give its trust account number.

Trust account number: T-_____

The entity is a tax resident of the United States.

The entity is a tax resident of a jurisdiction other than Canada or the United States.

Jurisdiction of tax residence: _____ Taxpayer identification number: _____

If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices:

a) The entity will apply or has applied for a TIN but has not yet received it.

b) The entity's jurisdiction of tax residence does not issue TINs to its residents.

c) Other reason: _____

5. Entity Classification

For more information on classifying the entity, consult with the entity's tax or other advisor, or view <http://www.cra-arc.gc.ca/tx/nnrstdnts/nhncdrprntg/ntts-eng.html>.

Check all of the appropriate boxes.

Section 5.1 – Is the entity a financial institution?

No. Go to section 5.3. **Yes.** Give the entity's global intermediary identification number (GIIN) and go to section 5.2.

GIIN: _____ If the entity does not have a GIIN, give the reason why.

Section 5.2 – Does the financial institution meet all of these criteria?

- It is a resident of a non-participating jurisdiction (see cra.gc.ca/tx/bsnss/tpcs/slps/fnncl/crs/jrsdctns-eng.html for the List of participating jurisdictions).
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution.

No. Go to section 7. **Yes.** Complete section 6 - Controlling Persons.

Section 5.3 – Is the entity a specified United States person?

No. Go to section 5.4. **Yes.** Give the TIN from the United States and go to section 5.4. _____

If you do not have a TIN from the United States, have you applied for one? **Yes** **No.** TIN from the United States

Section 5.4 – Check the option that best describes the entity:

- | | |
|---|---|
| <input type="checkbox"/> The entity is a corporation with shares that regularly trade on an established securities market. It can also be a corporation related to that corporation. If this is the case, go to section 7. | <input type="checkbox"/> The entity is a government, a central bank or an international organization (or an agency of one). If this is the case, go to section 7. |
| <input type="checkbox"/> The entity is engaged in an active trade or business—less than 50% of its gross income is passive income and less than 50% of its assets produce passive income. If this is the case, go to section 7. | <input type="checkbox"/> The entity is an active non-financial entity other than one described in the three previous options. If this is the case, go to section 7. |
| | <input type="checkbox"/> The entity is a passive non-financial entity. If this is the case, complete section 6 - Controlling Persons. |



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6. Information About Controlling Persons

Complete this section if the answer(s) you indicated in section 5.2 or 5.4 directed you to complete "section 6 - Controlling Persons". Otherwise, proceed to section 7 - Applicant/Policy Owner Declaration and Signatures.

Identify the entity's controlling persons:

- for trusts, the controlling persons are all trustees, beneficiaries and settlors;
- for corporations and other entities, controlling persons are all individuals who own or control, directly or indirectly, 25% or more of the entity;
- if there is no controlling person, provide information about the most senior officer of the entity.

Attach a separate list if you need to enter the information of more than two controlling persons.

Controlling person 1		
Last name	First name and initial(s)	Date of birth (dd/mm/yyyy)
Type of controlling person (choose one):		
<input type="checkbox"/> Direct owner of a corporation or other legal person	<input type="checkbox"/> Beneficiary of a trust	
<input type="checkbox"/> Indirect owner of a corporation or other legal person (through an intermediary)	<input type="checkbox"/> Other controlling person of a trust.	
<input type="checkbox"/> Director or senior official of a corporation or other legal person	<input type="checkbox"/> Equivalent to a settlor of a legal arrangement other than a trust	
<input type="checkbox"/> Settlor of a trust	<input type="checkbox"/> Equivalent to a trustee of a legal arrangement other than a trust	
<input type="checkbox"/> Trustee of a trust	<input type="checkbox"/> Equivalent to a protector of a legal arrangement other than a trust	
<input type="checkbox"/> Protector of a trust	<input type="checkbox"/> Equivalent to a beneficiary of a legal arrangement other than a trust	
<input type="checkbox"/>	<input type="checkbox"/> Other controlling person of a legal arrangement other than a trust	
Permanent residence address		
Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code
Mailing address (only if different from the permanent residence address)		
Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code
Declaration of tax residence		
Check all of the options that apply to you.		
<input type="checkbox"/> The controlling person is a tax resident of Canada. If you checked this box and the controlling person is also a citizen of the United States or a tax resident of any country other than Canada, provide the controlling person's social insurance number. Social insurance number (SIN): _____		
<input type="checkbox"/> The controlling person is a tax resident or a citizen of the United States. If you checked this box, give the controlling person's taxpayer identification number (TIN) from the United States. TIN from the United States: _____		
If the controlling person does not have a TIN from the United States, has that person applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> The controlling person is a tax resident of a jurisdiction other than Canada or the United States. If you checked this box, provide the following information: Jurisdiction of tax residence: _____ Taxpayer identification number: _____		
If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices:		
<input type="checkbox"/> a) I will apply or have applied for a TIN but have not yet received it.		
<input type="checkbox"/> b) My jurisdiction of tax residence does not issue TINs to its residents.		
<input type="checkbox"/> c) Other reason: _____		



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6. Information About Controlling Persons (continued)

Controlling person 2		
Last name	First name and initial(s)	Date of birth (dd/mm/yyyy)
Type of controlling person (choose one):		
<input type="checkbox"/> Direct owner of a corporation or other legal person	<input type="checkbox"/> Beneficiary of a trust	
<input type="checkbox"/> Indirect owner of a corporation or other legal person (through an intermediary)	<input type="checkbox"/> Other controlling person of a trust	
<input type="checkbox"/> Director or senior official of a corporation or other legal person	<input type="checkbox"/> Equivalent to a settlor of a legal arrangement other than a trust	
<input type="checkbox"/> Settlor of a trust	<input type="checkbox"/> Equivalent to a trustee of a legal arrangement other than a trust	
<input type="checkbox"/> Trustee of a trust	<input type="checkbox"/> Equivalent to a protector of a legal arrangement other than a trust	
<input type="checkbox"/> Protector of a trust	<input type="checkbox"/> Equivalent to a beneficiary of a legal arrangement other than a trust	
<input type="checkbox"/> Other controlling person of a legal arrangement other than a trust		
Permanent residence address		
Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code
Mailing address (only if different from the permanent residence address)		
Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code
Declaration of tax residence		
Check all of the options that apply to you.		
<input type="checkbox"/> The controlling person is a tax resident of Canada. If you checked this box and the controlling person is also a citizen of the United States or a tax resident of any country other than Canada, provide the controlling person's social insurance number. Social insurance number (SIN): _____		
<input type="checkbox"/> The controlling person is a tax resident or a citizen of the United States. If you checked this box, give the controlling person's taxpayer identification number (TIN) from the United States. TIN from the United States: _____		
If the controlling person does not have a TIN from the United States, has that person applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> The controlling person is a tax resident of a jurisdiction other than Canada or the United States. If you checked this box, provide the following information: Jurisdiction of tax residence: _____ Taxpayer identification number: _____		
If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices:		
<input type="checkbox"/> a) I will apply or have applied for a TIN but have not yet received it.		
<input type="checkbox"/> b) My jurisdiction of tax residence does not issue TINs to its residents.		
<input type="checkbox"/> c) Other reason: _____		

