

**BUSINESS INFORMATION FORM**

Applicant/Owner Name

Application/Policy/Contract Number

This form must be completed when the owner of the policy/contract 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):

- ☐ business licence    ☐ registration of business name or corporate search

Additionally, I have attached the following records of provisions relating to the power to bind the corporation (authority of officers to sign on behalf of the corporation). (Choose and attach at least one):

- ☐ A copy of our Bylaws    ☐ Our most recent Director's Resolutions    ☐ Signing Authorities Certificate  
regarding signing authorities.    [Form 2004](#)

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:**  
Copy of business licence or registration of business name  
(Not required if name of company is the exact name of the proprietor)
- ☐ **Union:**  
Copy of most recent collective agreement
- ☐ **Association:**  
Copy of the bylaws, regulations, association agreement/nominate contract (PQ)
- ☐ **Partnerships:**  
Copy of Partnership Agreement



## BUSINESS INFORMATION FORM

### 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):

☐ business licence

☐ registration of business name or corporate search

Additionally, I have attached the following records of provisions relating to the power to bind the organization (authority of officers to sign on behalf of the organization). (Choose and attach at least one):

☐ A copy of our Bylaws

☐ Our most recent Director's Resolutions regarding signing authorities.

☐ Signing Authorities Certificate  
[Form 2004](#)

Does the organization solicit charitable donations from the public? ☐ Yes ☐ No

Is the organization a charity 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		

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

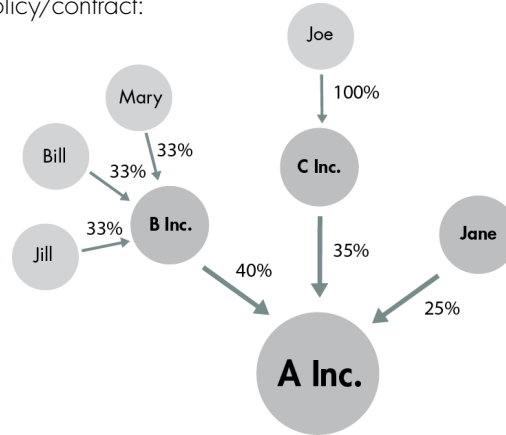


## BUSINESS INFORMATION FORM

### 2. OWNERSHIP STRUCTURE AND BENEFICIAL OWNERSHIP

If the Entity is complex with multiple layers of ownership, attach a chart showing the complete ownership structure. If any entity is owned by another entity, the chart should show all ownership interests up to the individuals who own or control the entity. As an example, if A Inc. owns the insurance policy/contract:

☐ Entity is not complex



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)	
% Control	City	Province	Postal Code

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

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

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

### 3. VERIFICATION OF IDENTITY

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



## BUSINESS INFORMATION FORM

### 3. VERIFICATION OF IDENTITY (CONTINUED)

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: 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.

Confirmation by advisor:

- ☐ 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)

#### B) Non Face-to-Face

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

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

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

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: 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.

Confirmation by advisor:

- ☐ 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)

#### B) Non Face-to-Face

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

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

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



## BUSINESS INFORMATION FORM

### 3. VERIFICATION OF IDENTITY (CONTINUED)

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: 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.

Confirmation by advisor:

☐ 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)

**B) Non Face-to-Face**

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

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

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

### 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 or functional equivalent: \_\_\_\_\_

If the entity does not have a TIN or functional equivalent 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: \_\_\_\_\_



## BUSINESS INFORMATION FORM

### 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/nhncdrprng/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](http://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.** ☐ **Yes.** Give the TIN from the United States \_\_\_\_\_  
TIN from the United States

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

Once selection is made go to section 5.4.

#### Section 5.4 – Is the entity a strata corporation?

A strata corporation must meet the following conditions:

- the entity is exempt from tax under section 149 of the Income Tax Act;
- the account is specific for covering the costs of a condominium or housing cooperative;
- the amounts in the account may only be used to pay for the expenses of the condominium or housing cooperative; and
- no single owner can annually contribute an amount that exceeds US\$50,000 or no more than 20% of the annual and total contributions due in the year is attributable to a single person.

☐ **No.** Go to Section 5.5. ☐ **Yes.** Go to Section 7.

#### Section 5.5 – 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.                               |



## BUSINESS INFORMATION FORM

### 6. INFORMATION ABOUT CONTROLLING PERSONS

Complete this section if the answer(s) you indicated in section 5.2 or 5.5 directed you to complete "section 6 - Controlling Persons". Otherwise, proceed to section 7 - Applicant/Policy/Contract 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"/> Indirect owner of a corporation or other legal person (through an intermediary)		
<input type="checkbox"/> Director or senior official of a corporation or other legal person		
<input type="checkbox"/> Settlor of a trust		
<input type="checkbox"/> Trustee of a trust		
<input type="checkbox"/> Protector of a trust		
<input type="checkbox"/> Beneficiary of a trust		
<input type="checkbox"/> Other controlling person of a trust.		
<input type="checkbox"/> Equivalent to a settlor of a legal arrangement other than a trust		
<input type="checkbox"/> Equivalent to a trustee of a legal arrangement other than a trust		
<input type="checkbox"/> Equivalent to a protector of a legal arrangement other than 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





## BUSINESS INFORMATION FORM

### 6. INFORMATION ABOUT CONTROLLING PERSONS (CONTINUED)

#### Declaration of tax residence

Check all of the options that apply to you.

☐ **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): \_\_\_\_\_

☐ **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) or functional equivalent 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? ☐ Yes ☐ No

☐ **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 or functional equivalent: \_\_\_\_\_

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

☐ a) I will apply or have applied for a TIN but have not yet received it.

☐ b) My jurisdiction of tax residence does not issue TINs to its residents.

☐ c) Other reason: \_\_\_\_\_

#### Controlling person 2

Last name

First name and initial(s)

Date of birth (dd/mm/yyyy)

Type of controlling person (choose one):

☐ Direct owner of a corporation or other legal person

☐ Indirect owner of a corporation or other legal person  
(through an intermediary)

☐ Director or senior official of a corporation or other legal person

☐ Settlor of a trust

☐ Trustee of a trust

☐ Protector of a trust

☐ Beneficiary of a trust

☐ Other controlling person of a trust

☐ Equivalent to a settlor of a legal arrangement other than a trust

☐ Equivalent to a trustee of a legal arrangement other than a trust

☐ Equivalent to a protector of a legal arrangement other than a trust

☐ Equivalent to a beneficiary of a legal arrangement other than a trust

☐ 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

## BUSINESS INFORMATION FORM

## 6. INFORMATION ABOUT CONTROLLING PERSONS (CONTINUED)

## Declaration of tax residence

Check all of the options that apply to you.

☐ **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): \_\_\_\_\_

☐ **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) or functional equivalent 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? ☐ Yes ☐ No

☐ 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 or functional equivalent: \_\_\_\_\_

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

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

## 7. APPLICANT/POLICY/CONTRACT OWNER DECLARATION AND SIGNATURES

In this section, "you" and "your" mean the signing officers or trustees signing below.

By signing below:

- You declare that you are authorized to sign on behalf of the policy owner.
- You certify that the information provided on this form is current, correct and complete.
- You agree to notify Equitable within 30 days of a change to any of the information provided on this form.

First Name	Middle initial	Last name	
Signature of signing officer or trustee		Title	Date (dd-mm-yyyy)

First Name	Middle initial	Last name	
Signature of signing officer or trustee		Title	Date (dd-mm-yyyy)

First Name	Middle initial	Last name	
Signature of signing officer or trustee		Title	Date (dd-mm-yyyy)

## 8. ADVISOR DECLARATION

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

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

Date (dd/mm/yyyy)

Advisor Code

**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.