

Guide to Completing Business Information Form (594)

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):

a copy of articles of incorporation
 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 regarding signing authorities.
 Signing Authorities Certificate Form 2004

List the name(s) of the corporation's directors

Name	Name
Name	Name

Incorporation number is not the business number

Business number contains 9 digits and is assigned by CRA. Quebec Enterprise Number contains 10 digits

State the type of business activity the corporation is involved in. If a holding company, what type of business is held?

State all names of businesses that are carried under the main business

Check off which evidence of existence has been submitted with Business Information Form.

Check off which documentation has been provided showing who has signing authority.

The people who have signed the application form and this Business Information Form should be authorized to sign for the corporation in the power to bind document that was attached.

Click here to access [Signing Authorities Certificate Form \(2004\)](#)

The section of the by-laws or resolution is often called “Execution of Instruments” but may have a different heading. As an example, the power to bind section of the by-law/resolution might say “Any two officers of the corporation are authorized to execute documents or instruments on behalf of the corporation” or “Any one of the Chief Executive Officer, Treasurer or Secretary is authorized to sign documents on behalf of the corporation.”

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:

<input type="checkbox"/> Sole Proprietor: Copy of business licence or registration of business name (Not required if name of company is the exact name of the proprietor)	<input type="checkbox"/> Union: Copy of most recent collective agreement
<input type="checkbox"/> Association: Copy of the bylaws, regulations, association agreement/nominate contract (PQ)	<input type="checkbox"/> Partnerships: Copy of Partnership Agreement

An individual cannot transfer ownership to their own sole proprietorship because the individual and the business are the same (the business is not a separate entity from the individual).

List all the organization’s directors.

Attach applicable information

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 licence registration of business name or corporate search

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

List all the organization's directors.

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 checked="" type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor	John Snow	1 Somewhere Rd. Waterloo, ON
<input type="checkbox"/> Trustee/Executor <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor	Charlie Brown	1 Nowhere Rd. Waterloo, ON
<input type="checkbox"/> Trustee/Executor <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Settlor	Claire Fraser	1 Over There Rd. Waterloo, ON
<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		

The name and address sections must be completed for each person/role. If there is Trustee/Executor, Beneficiary and a Settlor there should be 3 names and addresses.

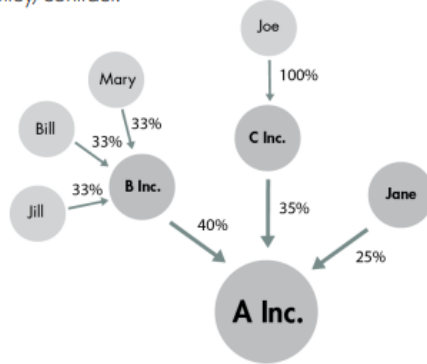
I have attached evidence of existence (choose at least one): Trust Agreement/Deed Will/Estate Documents

Don't forget to submit evidence of existence.

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 complex Entity is defined as an entity with two or more layers of ownership.

Ensure this section is completed in its entirety.

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:

If information is not provided, please provide an explanation.

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.

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

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

ID verification is completed for individuals who have signing authority. One of the checkboxes must be selected.

There is room on the form to include 3 signing authorities. If there are more, print page 5 to include the additional signing authorities.

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: _____

If checked off, and the Estate and trust section is completed, then a trust account number is required.

If checked this is FATCA reportable.

If checked this is CRS Reportable. Both Country and TIN must be inputted.

If TIN is blank, one of these boxes need to be checked off.

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/nhncdrprtng/ntts-eng.html>.

Check all of the appropriate boxes.

Complete each section fully as they apply.

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. 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.

Check off the applicable box and go to section highlighted.

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. |

There is space to add 3 controlling persons on form 594.

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 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)
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

If a controlling person cannot be identified, a senior officer is to complete this section. complete this section.

This is the personal address of the controlling person not the organization/corporation address.

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: _____

The section is to be completed by each controlling person.

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)

All signing officers are to sign here. If more than one signing officer was stated in section 3, they should all sign.

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

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.

Advisor signature, date and Advisor code are to be entered here.
Note: If the Advisor owns the policy, the Advisor Declaration must be completed by another licensed and contracted Advisor.