

Verification of Identity for Policy Owners

This document will guide you on how to complete each section of form 1710

When the applicant can provide one piece of the Primary ID and the Advisor/
Paramedical nurse is face to face with the applicant, section 1 is to be completed.

Face to face applications and applicant can provide the following primary ID

1. PRIMARY ID				
Your Canadian identification must be verified by your advisor or paramedical nurse . 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.				
Important: If you do not have one of the pieces of identification indicated, or if this is not being completed with the advisor or paramedical nurse present (face to face or in person), complete section 2.				
Complete the following information for the person whose identity is being verified.				
Owner Name (first, last)		Policy/Application number		
Address (number, street and apartment)		City		
Province	Postal Code	Date of Birth (dd/mm/yyyy)		
Email Address				
I, <u>Advisor/Paramedical Nurse</u> , when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:				
Document Type	Document Issuer	Document/Account Number	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)
Advisor/Paramedical nurse signature: _____			Date: _____	

Go to section 2 to complete.

Complete each field in full if primary ID is viewed.

Complete signature process, eSignatures are accepted.

Section 2-Alternative ID is to be completed when the Owner does not have one of the Primary sources of ID highlighted on page 1, and in all situations where ID verification is not being completed in the presence of the Advisor/Paramedical nurse.

Use for all non face-to-face applications or when applicant does not have primary ID

2. ALTERNATIVE ID		
To be completed if the Owner does not have one of the photo ID documents listed on page one and ID collection is not in the presence of the advisor or paramedical nurse.		
Complete the following information for the person whose identity is being verified.		
Owner Name (first, last)		Policy/Application number
Address (number, street and apartment)		City
Province	Postal Code	Date of Birth (dd/mm/yyyy)
Email Address		
<p>The individual being verified must provide two valid and current forms of identification. Each document can be an original or an electronic copy. The documents can also be validated over a video call by having the owner read out the details of each document and then present each document for the advisor/paramedical nurse to see; the advisor/paramedical nurse must record the details of each document and validate each document following the steps below.</p> <p>Two documents are required. Each of the documents must be from a different category below (that is, no more than one document from any one of the categories). The documents should be from a Canadian source unless otherwise indicated.</p>		
Category A (must include name and address)	Category B (must include name and date of birth)	Category C (must include name and account information)
<input type="checkbox"/> Government issued photo identification (excluding provincial health cards) – different from Category B document	<input type="checkbox"/> Government issued photo identification (excluding provincial health cards) – different from Category A document	<input type="checkbox"/> Bank account statement
<input type="checkbox"/> Benefits statement: Federal, Provincial, Territorial or Municipal	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Loan account statement
<input type="checkbox"/> Canada Pension Plan statement	<input type="checkbox"/> Marriage Certificate / Divorce documentation	<input type="checkbox"/> Credit card statement
<input type="checkbox"/> Provincial Vehicle Registration	<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> Letter from bank, trust company or credit union confirming account
<input type="checkbox"/> Municipal Property Tax Assessment	<input type="checkbox"/> Citizenship Certificate	
<input type="checkbox"/> Utility bill (e.g. hydro, phone, cable, etc.)	<input type="checkbox"/> Insurance company document (home, auto, life excluding Equitable)	
<input type="checkbox"/> Investment account statement (e.g. RRSP, securities account excluding Equitable®)	<input type="checkbox"/> Investment account statement (e.g. RRSP, GIC excluding Equitable)	
	<input type="checkbox"/> Travel Visa issued by a foreign government	
	<input type="checkbox"/> Temporary Driver's Licence (non-photo)	

Complete each field in full.

Select 2 Alternative IDs. Each ID must be from a different category, and you must check off the box.

2. ALTERNATIVE ID (CONTINUED)

Review the two documents to ensure they meet the following legislative requirements and record the identification details below. Please do not send copies of the identification to Equitable.

- Documents appear to be the most recent
- Documents do not have redacted or blacked out information
- Documents appear to be valid (no signs of modification)
- Category A document contains the individual's name and address, which match the information on page 2
- Category B document contains the individual's name and date of birth, which match the information on page 2
- Category C document includes the individual's name and an account number (bank account, loan account, etc.)

If the ID contains an expiry date enter that date. If the document has an issue date enter that date.

Document 1

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

Document 2

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

I, **Advisor/Paramedical Nurse** _____, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories as set out in the instructions.

Advisor/Paramedical nurse signature: _____ Date: _____
dd/mm/yyyy

Complete signature process, eSignatures are accepted.