

Name of entity	
Business number	Application, request, contract or client number

Type of entity	Sections to be completed	Additional documents to be attached
<input type="checkbox"/> Corporation	1, 2, 3, 5, 6, 8, 9	1. One of the following documents: <input type="checkbox"/> Certificate of incorporation <input type="checkbox"/> Notice of assessment issued by a municipal, provincial or federal government <input type="checkbox"/> Annual report signed by an independent auditor <input type="checkbox"/> Trust deed (inter-vivos trust) or will (testamentary trust) <input type="checkbox"/> Any other document confirming the existence of the entity: _____ 2. Any document establishing the ownership, control and structure of the entity, including an organizational chart for more complex structures (see Section 8).
<input type="checkbox"/> Partnership	1, 2, 3, 5, 8, 9	
<input type="checkbox"/> Not-for-profit organization	1, 2, 3, 5, 6, 7, 8, 9	
<input type="checkbox"/> Trust (for life insurance only)	1, 2, 4, 5, 8, 9	
<input type="checkbox"/> Other (specify): _____	Sections applicable, depending on the situation	

1 DETAILED DESCRIPTION OF THE ENTITY'S ACTIVITIES

2 THIRD-PARTY DETERMINATION

Is the contractholder/entity acting in accordance with the instructions of another person (third party)? Yes No

If so, provide the following information about the third party:

Name of third party _____ Date of birth:

Year			Month		Day				

Relationship to contractholder _____ Occupation or key activity _____

Address (No., street, apartment) _____

City _____ Province _____ Postal code

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If the third party is a company: Business number (BN): _____
 Place of incorporation: _____

3 BENEFICIAL OWNERSHIP INFORMATION CONCERNING CORPORATIONS, PARTNERSHIPS OR NOT-FOR-PROFIT ORGANIZATIONS

Provide the following information for all persons who hold or control, directly or indirectly, at least 25% of the shares of the corporation or at least 25% of another type of entity.

Shareholder/Owner 1

First name	Last name	% shares or control	
Address (No., street, apartment)			
City	Province/State	Country	Postal/zip code

Shareholder/Owner 2

First name	Last name	% shares or control	
Address (No., street, apartment)			
City	Province/State	Country	Postal/zip code

Shareholder/Owner 3

First name	Last name	% shares or control	
Address (No., street, apartment)			
City	Province/State	Country	Postal/zip code

Shareholder/Owner 4

First name	Last name	% shares or control	
Address (No., street, apartment)			
City	Province/State	Country	Postal/zip code

4 INFORMATION CONCERNING TRUSTS

Provide the following information for each trustee, beneficiary and settlor. Use as many additional forms as are necessary.

Trustee 1

 First name Last name

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

Trustee 2

 First name Last name

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

Beneficiary 1

 First name Last name

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

Beneficiary 2

 First name Last name

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

Settlor 1

 First name Last name

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

5 VERIFICATION OF TAX CLASSIFICATION (FATCA AND CRS)

a) **FATCA** – Was the entity established in the U.S. or a U.S. state? Yes No

If so, indicate the U.S. federal taxpayer identification number (U.S. TIN) _____

b) **CRS** – Was the entity established in a jurisdiction other than Canada or the United States? Yes No

If so, indicate the country and the foreign taxpayer identification number

Country Identification number

c) **Complete only if the entity is a passive entity¹ or a trust** – Are any of the beneficial owners (i.e. a shareholder or an owner in the case of an entity or a trustee, a beneficiary or a settlor in the case of a trust) a U.S. citizen or resident or a resident of a jurisdiction other than Canada or the United States for tax purposes? Yes No – **If so**, complete the following subsection for each beneficial owner concerned. Use as many additional forms as are necessary.

Identification of beneficial owner concerned:

- Shareholder/Owner 1 Trustee 1 Beneficiary 1 Settlor 1
- Shareholder/Owner 2 Trustee 2 Beneficiary 2
- Shareholder/Owner 3
- Shareholder/Owner 4

The beneficial owner concerned is:

- A U.S. citizen or resident (FATCA)
- A resident of a jurisdiction other than Canada or the United States (CRS)

U.S. federal taxpayer identification number (U.S. TIN)

Country

Foreign tax identification number

Note 1: A passive entity is an entity that derives 50% or more of its income from passive investments such as interest, dividends, rents, capital gains, etc.

6 INFORMATION CONCERNING THE DIRECTORS OF CORPORATIONS AND NOT-FOR-PROFIT ORGANIZATIONS

Director 1:

First name Last name

Director 2:

First name Last name

Director 3:

First name Last name

Director 4:

First name Last name

7 INFORMATION CONCERNING NOT-FOR-PROFIT ORGANIZATIONS

Is the contractholder/entity a charity registered with the Canada Revenue Agency? Yes No

If so, indicate the registration No.: _____

If not, does the contractholder/entity solicit charitable financial donations from the public? Yes No

8 OWNERSHIP, CONTROL AND STRUCTURE²

Provide information or attach documents establishing the ownership, control and structure of the entity.

Note 2: You must indicate the name of the person who holds ultimate ownership and control of the entity and describe the organizational structure. An organizational chart of the entity must be attached for more complex structures.

9 DECLARATIONS AND SIGNATURE OF THE CONTRACTHOLDER/ENTITY

I confirm that I am duly authorized to sign on behalf of the contractholder/entity and that the documents which I have provided, including those attached to this form, are true, current and complete.

I confirm that the information I have provided in this form is true and complete.

Signed at _____ on this _____ day of _____ 20 _____.

Name of authorized signatory



Signature of the authorized signatory