

Individual Insurance and Investment

This form must be completed in compliance with:

- The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA)* in order to verify the existence of corporations and other entities and identify the administrators and individuals who control them.
- The *Foreign Account Tax Compliance Act (FATCA)* (Part XVIII of Canada's *Income Tax Act*) in order to identify Canadian passive entities controlled by U.S. persons.
- The *Common Reporting Standard* (Part XIX of Canada's *Income Tax Act*) in order to determine the residence status for tax purposes of a cash value life insurance policyowner or of an investor (active or passive entity) and/or of the controlling persons of a passive non-financial entity (passive entity).

For more information on FATCA and the Common Reporting Standard, please consult your financial security advisor or visit the CRA website at cra-arc.gc.ca.

For more information on how to complete this form, see sections "General Information and Instructions" and "Definitions" at the end of the form.

Please write legibly.

1. General Information

Policy or Application No./Contract No.

Legal name of the policyowner/investor

2. Purpose of Insurance/Intended Nature of Investment

Purpose of Insurance		Intended Nature of Investment	
Personal Insurance	Commercial Insurance		
<input type="checkbox"/> Income / Loan protection	<input type="checkbox"/> Buy / Sell agreement	<input type="checkbox"/> Capital preservation	<input type="checkbox"/> Capital growth
<input type="checkbox"/> Estate conservation	<input type="checkbox"/> Collateral loan	<input type="checkbox"/> Income generation	<input type="checkbox"/> Private equity funds management
<input type="checkbox"/> Charitable donations	<input type="checkbox"/> Estate planning	<input type="checkbox"/> Liquidity management	<input type="checkbox"/> Surplus management
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Key person protection	<input type="checkbox"/> Other (specify): _____	
	<input type="checkbox"/> Other (specify): _____		

3. Information on the Authorized Signatory(ies) Acting on Behalf of the Corporation or Entity

If more space is needed, please enclose a separate list containing all required information.

Authorized Signatory 1

Full name (as it appears on the photo ID)

Initials

Y | Y | Y | Y | M | M | D | D |

Date of birth

Profession/Occupation (please provide complete and detailed information)

Full permanent home address

Relationship between the policyowner/investor and the authorized signatory

Government-issued photo ID used to identify the authorized signatory:

- Driver's licence Passport Canadian citizenship card with photo Other photo identification document admissible by law (specify): _____

Document number

Issuing jurisdiction

Y | Y | Y | Y | M | M | D | D |

Expiration date

Photo ID verified by

I authorize SSQ, Insurance Company Inc./SSQ, Life Insurance Company Inc., when required by law, to ascertain my identity by means of a reliable and independent identification product and/or any other method provided by law.

Signature of authorized signatory 1

Y | Y | Y | Y | M | M | D | D |

Date

Authorized Signatory 2 (if applicable)

Full name (as it appears on the photo ID) _____ Initials _____ Date of birth

Y	Y	Y	Y	M	M	D	D
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Profession/Occupation (please provide complete and detailed information)

Full permanent home address

Relationship between the policyowner/investor and the authorized signatory

Government-issued photo ID used to identify the authorized signatory:

Driver's licence Passport Canadian citizenship card with photo Other photo identification document admissible by law (specify): _____

Document number _____ Issuing jurisdiction _____

Expiration date

Y	Y	Y	Y	M	M	D	D
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Photo ID verified by _____

I authorize SSQ, Insurance Company Inc./SSQ, Life Insurance Company Inc., when required by law, to ascertain my identity by means of a reliable and independent identification product and/or any other method provided by law.

Signature of authorized signatory 2 _____ Date

Y	Y	Y	Y	M	M	D	D
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4. Declaration of Tax Residence of the Corporation or Entity (Self-Certification)

Check **ALL** the options that apply to the entity:

The entity is a tax resident of Canada

If you checked this box, indicate the entity's incorporation number or the account number issued to the trust in Canada:

Entity's incorporation number or account number issued to the trust in Canada: _____

Registering authority (federal or provincial): _____

The entity is a tax resident of a jurisdiction other than Canada

If you checked this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the entity below:

If the entity doesn't have a TIN for a specific jurisdiction, indicate the reason below by choosing one of the following options:

Reason 1: The entity will apply or has applied for a TIN but has not yet received it.

→ Please forward the entity's TIN to SSQ in writing within fifteen (15) days of receiving it from the fiscal authorities.

Reason 2: The entity's jurisdiction of residence does not issue TINs to its residents for tax purposes.

Reason 3: Other → If you choose this option, please specify below why the entity has no TIN.

Jurisdiction of Tax Residence of the Entity	Taxpayer Identification Number (TIN)	If the entity does not have a TIN, specify the reason (1, 2 or 3)

(For more details on tax residence status, see section 4 of the "General Information and Instructions" at the end of the form.)

New individual insurance policies or investment accounts with SSQ may only be concluded if all parties are Canadian residents:

- If the corporation or entity is only a resident of a country that is not Canada (as per the information provided above), SSQ will be obligated to refuse issuing the policy/opening the account.
- If controlling persons of a passive corporation or entity/trustees, beneficiaries or settlors of a trust are persons residing only in a country other than Canada (as per the information provided in section 6), SSQ will be obligated to refuse issuing the policy/opening the account.

5. Classification of Entity

5.1 – Is the entity a financial institution?

- No.** Go to section 5.3.
- Yes.** Write the entity's Global Intermediary Identification Number (GIIN) **and** go to section 5.2.

Global Intermediary Identification Number (GIIN): _____

If the entity does not have a GIIN, indicate the reason below **and** go to section 5.2:

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

- It is resident of a non-participating jurisdiction (see cra-arc.gc.ca for the list of participating jurisdictions).
- At least 50% of its gross income is from investments in financial assets or the sale of financial assets.
- It is managed by another financial institution.

- No.** Go to section 6A.
- Yes.** SSQ will be obligated to refuse issuing the policy/opening the account.

5.3 – Indicate if the entity is active or passive (check the appropriate box)

- The entity is an ACTIVE non-financial entity.**

To guide you, an active non-financial entity:

- is engaged in an active trade or business that produces goods or services generating 50% or more of its income. The assets of the entity are mainly used (50% or more) to generate active income. Some examples of active entities include: restaurants, hair salons, car dealerships, construction companies, etc.)
- is a corporation whose shares are regularly traded on a regulated stock exchange or a company linked to a corporation whose shares are regularly traded on such a market
- is a government, a central bank or an international organization (or an agency of one) **OR**
- is an active non-financial entity other than those described in the three options above (see paragraphs d) to h) in the definition of an active non-financial entity at the end of the form). (This includes non-profit organizations.)
 - For an active entity, **go to section 6A.**
 - For a non-profit organization, **go to section 6C.**

- The entity is a PASSIVE non-financial entity.**

To guide you, a passive non-financial entity:

- is an entity whose activities are not intended to produce goods or services or is an entity whose activities are generating 50% or more in passive income. Passive income is generally income from an **investment firm**, a **trust**, an **estate** or a **management company** in the form of interest, dividends or rent income from assets, etc. **OR**
- is an investment entity professionally managed by another financial institution, the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets.
 - For a passive entity, **go to section 6B.**

6. Type of Entity (complete the appropriate section)

6A: ACTIVE Corporation or Other Type of ACTIVE Entity

6B: PASSIVE Corporation or Other Type of PASSIVE Entity (Including Trusts and Estates)

6C: Non-Profit Organization

6A – ACTIVE Corporation or Other Type of ACTIVE Entity

For an ACTIVE corporation or another type of ACTIVE entity, **please fill out sub-sections 1 and 2 below**. Also, you must enclose the following documents: certificate of incorporation **AND** documents confirming the active directors and persons who directly or indirectly control 25% or more of the ACTIVE corporation or entity (as listed below in sub-sections 1 and 2) (e.g. articles of Incorporation, annual report, shareholders’ agreement or corporate bylaws that corroborate the required information).

Key activity:

Indicate the key activity of the active corporation or active entity: _____

Sub-section 1. Provide information on the persons who directly or indirectly own or control 25% of the ACTIVE corporation or entity:

(If more space is needed, please enclose a separate list.)

Controlling persons (25% or more)

1.	_____ Full Name	_____ % held
	_____ Residential Address	
2.	_____ Full Name	_____ % held
	_____ Residential Address	
3.	_____ Full Name	_____ % held
	_____ Residential Address	
4.	_____ Full Name	_____ % held
	_____ Residential Address	

Sub-section 2. Provide information on the directors of the ACTIVE corporation or entity:

Last and First Name	Last and First Name

Please complete section 7 if:

- no person directly or indirectly owns nor controls 25% or more of the active corporation or active entity, **OR**
- the information above (sub-sections 1 and 2) could not be obtained, or confirmed with the required documents; in this case, please indicate the reasons below (specify the measures taken to obtain the information, e.g. questions asked to client, date on which the measures were taken and reason why they were unsuccessful):

6B – PASSIVE Corporation or Other Type of PASSIVE Entity (Including Trusts and Estates)

For a PASSIVE corporation or another type of PASSIVE entity, **please fill out sub-sections 1 and 2 below**. (Sub-section 2 is on the next page.) Also, you must enclose the following documents: certificate of incorporation **AND** documents confirming the active directors and persons who directly or indirectly control 25% or more of the PASSIVE corporation or entity (as listed below in sub-sections 1 and 2) (e.g. articles of Incorporation, annual report, shareholders' agreement or corporate bylaws that corroborate the required information).

For a **trust**, you must fill out sub-section 1 below **and** enclose the trust agreement or an equivalent document (e.g. will) confirming the trustees, beneficiaries or settlors of the trust (as listed below at sub-section 1). For an **estate**, you must fill out sub-section 1 below **and** enclose the death certificate **and** last will of the deceased.

For more information on how to complete this section, see section 6 of "General Information and Instructions" at the end of the form.

Key activity:

Indicate the key activity of the passive corporation, passive entity, trust, or estate: _____

Sub-section 1. Provide information on:

- all persons who directly or indirectly own or control 25% or more of the PASSIVE corporation or entity
- all trustees, beneficiaries and settlors of the trust, OR
- all liquidators and beneficiaries of the estate

If a corporation or passive entity is controlled by persons residing only in a country other than Canada (as per the information provided below), SSQ will be obligated to refuse issuing the policy/opening the account.

If trustees, beneficiaries or settlors of the trust are persons residing only in a country other than Canada (as per the information provided below), SSQ will be obligated to refuse issuing the policy/opening the account.

(If more space is needed, please enclose a separate list containing all required information.)

1 – Controlling Person (25% or more) / Liquidator / Trustee, Beneficiary or Settlor

_____ | Y | Y | Y | Y | M | M | D | D |
Full name | Initials | Date of birth

_____ |
Type of controlling person (see section 6 of "General Information and Instructions" at the end of the form.) | % held (for an entity)

Full permanent home address

Check (✓) ALL the options that apply to the controlling person:

The controlling person is a tax resident of Canada

If you checked this box, indicate this person's social insurance number: | | | | | | | | | | | | | | | |

The controlling person is a tax resident of a jurisdiction other than Canada

If you checked this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person below. If this person does not have a TIN, specify the reason (see section 6 of "General Information and Instructions" at the end of the form.).

Jurisdiction of Residence for Tax Purposes	Taxpayer Identification Number (TIN)	If the controlling person does not have a TIN, indicate the reason

2 – Controlling Person (25% or more) / Liquidator / Trustee, Beneficiary or Settlor

_____ | Y | Y | Y | Y | M | M | D | D |
Full name | Initials | Date of birth

_____ |
Type of controlling person (see section 6 of "General Information and Instructions" at the end of the form.) | % held (for an entity)

Full permanent home address

Check (✓) ALL the options that apply to the controlling person:

The controlling person is a tax resident of Canada

If you checked this box, indicate this person's social insurance number: | | | | | | | | | | | | | | | |

The controlling person is a tax resident of a jurisdiction other than Canada

If you checked this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person below. If this person does not have a TIN, specify the reason (see section 6 of "General Information and Instructions" at the end of the form.).

Jurisdiction of Residence for Tax Purposes	Taxpayer Identification Number (TIN)	If the controlling person does not have a TIN, indicate the reason

3 – Controlling Person (25% or more) / Liquidator / Trustee, Beneficiary or Settlor

_____ | Y | Y | Y | Y | M | M | D | D |
 Full name Initials Date of birth

_____ % held (for an entity)
 Type of controlling person (see section 6 of "General Information and Instructions" at the end of the form.)

Full permanent home address

Check (✓) ALL the options that apply to the controlling person:

The controlling person is a tax resident of Canada

If you checked this box, indicate this person's social insurance number: | | | | | | | | | | | | | | | |

The controlling person is a tax resident of a jurisdiction other than Canada

If you checked this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person below. If this person does not have a TIN, specify the reason (see section 6 of "General Information and Instructions" at the end of the form.).

Jurisdiction of Residence for Tax Purposes	Taxpayer Identification Number (TIN)	If the controlling person does not have a TIN, indicate the reason

4 – Controlling Person (25% or more) / Liquidator / Trustee, Beneficiary or Settlor

_____ | Y | Y | Y | Y | M | M | D | D |
 Full name Initials Date of birth

_____ % held (for an entity)
 Type of controlling person (see section 6 of "General Information and Instructions" at the end of the form.)

Full permanent home address

Check (✓) ALL the options that apply to the controlling person:

The controlling person is a tax resident of Canada

If you checked this box, indicate this person's social insurance number: | | | | | | | | | | | | | | | |

The controlling person is a tax resident of a jurisdiction other than Canada

If you checked this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person below. If this person does not have a TIN, specify the reason (see section 6 of "General Information and Instructions" at the end of the form.).

Jurisdiction of Residence for Tax Purposes	Taxpayer Identification Number (TIN)	If the controlling person does not have a TIN, indicate the reason

For more information on residence status for tax purposes, see section 6 of "General Information and Instructions" at the end of the form.

Sub-section 2. Provide information on the directors of the PASSIVE corporation or entity:

Last and First Name	Last and First Name

Please complete section 7 if:

- no person directly or indirectly owns nor controls the passive corporation or passive entity, **OR**
- the information above (sub-sections 1 and 2) could not be obtained, or confirmed with the required documents; in that case, please indicate the reasons below (specify the measures taken to obtain the information, e.g. questions asked to client, date on which the measures were taken and reason why they were unsuccessful):

6C – Non-Profit Organization

Is the policyowner/investor a non-profit organization? Yes No

Does the policyowner/investor solicit the general public for monetary donations? Yes No

Is the policyowner/investor a non-profit organization registered with the CRA? Yes No

If **YES**, indicate the CRA registration number: _____

What is the non-profit organization's key activity? _____

7. Information on the Most Senior Managing Officer

Where no one person controls the corporation or entity or where the information required in section 6 can neither be obtained nor confirmed please identify the most senior managing officer of the entity.

In this section, the most senior managing officer of a corporation or an entity can be the director, senior director, director of operations, president, secretary, treasurer, comptroller, financial director, chief accountant, chief auditor, chief actuary or any other person fulfilling these functions. In the case of a sole owner or partnership, the most senior managing officer may be the owner or the partner.

Last name

First name

Government-issued photo ID used to confirm the most senior managing officer's identity:

Driver's licence Passport Canadian citizenship card with photo Other photo identification document admissible by law (specify): _____

Name as it appears on the document

Document number

Issuing jurisdiction

Expiration date

8. Declaration, Consent and Signatures

By signing below, the authorized signatories, as designated in section 3, or the liquidators or the trustees declare that the information provided in this form, including the declaration of tax residence, is accurate and complete.

The authorized signatories, liquidators, or trustees agree to provide SSQ, Insurance Company Inc./SSQ, Life Insurance Company Inc. with a new declaration of residence for tax purposes within 30 days of any change in circumstances that would render the current declaration incomplete or inaccurate.

Furthermore, the authorized signatories, liquidators, or trustees agree to allow SSQ, Insurance Company Inc. and SSQ, Life Insurance Company Inc. to communicate the information contained in this form to each other.

Signature of the authorized signatory, liquidator or trustee 1

Full name

Job title

Signature of the authorized signatory, liquidator or trustee 2

Full name

Job title

Signature of the authorized signatory, liquidator or trustee 3

Full name

Job title

Signature of the authorized signatory, liquidator or trustee 4

Full name

Job title

Date:

Y	Y	Y	Y	M	M	D	D
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9. Declaration of the Financial Security Advisor

By signing below, you attest that you have seen the original documents provided by the authorized signatories, liquidators, or trustees confirming their identity and that these documents are non-expired and valid.

Full name of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

Signature of the Financial Security Advisor/Representative

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date

General Information and Instructions

In this form:

- any expression designating persons includes both men and women
- an entity includes a corporation, a partnership, a trust, an estate, an association, a non-profit organization, a fund, a joint venture, an organization, a union and a foundation

1. General Information

The policyowner/investor is the corporation or entity named or designated as account holder of the insurance policy/investment account with SSQ, Insurance Company Inc., SSQ, Life Insurance Company Inc.

When a trust or estate is the account holder, the designated account holder of the insurance policy/investment account is the trust or the estate and not its trustee or liquidator. Similarly, when a partnership is the account holder, the designated account holder of the insurance policy/investment account is the partnership and not its associates.

2. Purpose of Insurance/Intended Nature of Investment

When you enter into a business relationship with a client, you must keep a record of the purpose and nature of the business relationship, in compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

3. Information on the Authorized Signatory(ies) Acting on Behalf of the Corporation or Entity

Indicate the information about the person(s) authorized to act on behalf of the corporation or the entity. In the case of a trust or an estate, indicate the information about the trustees or the liquidators authorized to act on behalf of the trust or the succession.

With regard to profession, please provide complete and detailed information. For example, specify "general practitioner" instead of simply "doctor" or "electrician" instead of simply "construction" etc.

4. Declaration of Tax Residence of the Corporation or Entity (Self-Certification)

In general, a corporation or entity will be resident of a jurisdiction for tax purposes when, as per its laws, the corporation or entity pays or must pay income tax because it resides there, has its residence or headquarters there, was incorporated there or it satisfies similar criteria.

Entities that are residents of several jurisdictions for tax purposes may refer to the tie-breaker rules stipulated in income tax treaties (that apply) to resolve issues related to double residency.

For information on how to determine the status of residence of an entity for tax purposes, consult your financial security advisor or go to the CRA website at cra-arc.gc.ca, "Residency of a corporation" section.

A **Taxpayer Identification Number (TIN)** is a unique combination of letters or numbers, assigned by a jurisdiction to an entity and used to identify that entity for the purposes of administering tax laws. Please write the TIN in the same official format as received.

5. Classification of Entity

Indicate if the entity is a financial institution and if it has a Global Intermediary Identification Number (GIIN). A GIIN is a unique indicator issued to financial institutions by the Internal Revenue Service of the United States. A financial institution is a depository institution, a custodial institution, an investment entity or an insurance company.

Depending on the entity's classification, go to the appropriate section (6A, 6B or 6C).

6. Type of Entity

The controlling persons of an entity are natural persons who exercise control (25% or more) over the entity, whether directly or indirectly. You must examine the entity's chain of command or the entity's ownership rights to identify those natural persons who exercise actual control.

In the case of a **trust**, the controlling persons are the trustees, beneficiaries, settlors and natural persons exercising ultimate effective control over the trust. In the case of an **estate**, the controlling persons include the liquidators and beneficiaries.

In **section 6B, PASSIVE Corporation or Other Type of PASSIVE Entity (Including Trusts and Estates)**, provide the description that best represents the **type of controlling person**:

- 1) Direct owner of a corporation or other legal person
- 2) Indirect owner of a corporation or other legal person (through an intermediary)
- 3) Director or senior official of a corporation or other legal person

- 4) Settlor of a trust
- 5) Trustee of a trust
- 6) Protector of a trust
- 7) Beneficiary of a trust
- 8) Other controlling person of a trust
- 9) Equivalent to a settlor of a legal arrangement other than a trust (e.g., partnership)
- 10) Equivalent to a trustee of a legal arrangement other than a trust (e.g., partnership)
- 11) Equivalent to a protector of a legal arrangement other than a trust (e.g., partnership)
- 12) Equivalent to a beneficiary of a legal arrangement other than a trust (e.g., partnership)
- 13) Other controlling person of a legal arrangement other than a trust (e.g., partnership)

As for determining the tax residence status of a person, according to the CRA, you are a **non-resident of Canada for tax purposes** when you are in **one** of the following situations:

- you normally, customarily, or routinely live in another country where you are not considered a resident of Canada
- you do not have significant residential ties in Canada **and** are in **one** of the following situations:
 - you live outside Canada throughout the fiscal year
 - you stay in Canada for less than 183 days in the fiscal year

For more information on how to determine resident status for tax purposes, please refer to the CRA website at cra-arc.gc.ca.

A **Taxpayer Identification Number (TIN)** is a unique combination of letters or numbers, assigned by a jurisdiction to an individual and used to identify this individual for purposes of administering tax laws. Provide the TIN of the controlling person in the same official format as received.

If the controlling person does not have a TIN, indicate why:

Reason 1: The controlling person will apply or has applied for a TIN but has not yet received it. → Please forward the controlling person's TIN to SSQ in writing within fifteen (15) days of receiving it from the fiscal authorities.

Reason 2: The controlling person's jurisdiction of residence does not issue TINs to its residents for tax purposes.

Reason 3: Other → If you choose this option, specify the reason.

If a controlling person who does not have a TIN is eligible to receive one, they have 90 days to request one from their jurisdiction of residence. Once received, you have fifteen (15) days to forward the controlling person's TIN to SSQ in writing.

7. Information on the Most Senior Managing Officer

When no natural person controls the corporation or entity, or when the information required in section 6 is neither obtained nor confirmed, please:

- obtain the name of the most senior managing officer of the corporation or entity **and**
- identify the most senior managing officer of the corporation or entity in compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

8. Declaration, Consent and Signatures

The authorized signatories, liquidators or trustees must read this section carefully, sign their name and date the form.

9. Declaration of the Financial Security Advisor

The financial security advisor must read this section carefully, sign their name and date the form.

Definitions

Change of circumstances

As per the Common Reporting Standard, a change of circumstances is, for example:

- for at least one controlling person of a passive non-financial entity: a change of address to one outside Canada and the United States.
- for the active or passive non-financial entity: a change of address, bank account, telephone number or mailing address to one outside Canada and the United States.
- any change that affects the status of the insurance policy/investment account for tax purposes, or the declaration of tax residence obtained when the policy was first issued or when the investment account was first opened for the active or passive corporation or entity, or for at least one of the persons directly or indirectly controlling a passive entity.

Active non-financial entity

An active non-financial entity is an entity other than a financial institution that meets at least one of the following criteria:

- a) Less than 50% of the entity's gross income for the preceding fiscal year is passive income and less than 50% of the assets the entity held during the preceding fiscal year are assets that produce or are held to produce passive income.
- b) The stock of the entity is regularly traded on an established securities market or the entity is related to an entity whose stock is regularly traded on an established securities market.
- c) The entity is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the above.
- d) Substantially all of the activities of the entity are made up of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution. But, an entity does not qualify for this status if the entity functions (or presents itself) as an investment fund. Examples of an investment fund include a private equity fund, a venture capital fund, a leveraged buyout fund, and any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.
- e) The entity is a start-up and is not yet operating a business and has no operating history, but it is investing capital into assets with the intention of operating a business other than the business of a financial institution. This is as long as the entity does not qualify for this exception later than 24 months after the date it was first organized.

- f) The entity is in liquidation and was not a financial institution in the past five years. And, it is in the process of liquidating its assets or is reorganizing with the intention of continuing or restarting operations in a business other than the business of a financial institution.
- g) The entity mainly engages in financing and hedging transactions with, or for, related entities that are not financial institutions. It does not provide financing or hedging services to an entity that is not a related entity. This is as long as the group of any such related entities is mainly engaged in a business other than the business of a financial institution.
- h) The entity is a non-profit entity that meets all of the following requirements:
 - i) It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes. Or, it is established and operated in its jurisdiction of residence and is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league, or an organization operated exclusively to promote social welfare.
 - ii) It does not have to pay income tax in its jurisdiction of residence.
 - iii) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets.
 - iv) The laws of the entity's jurisdiction of residence that apply or the entity's formation documents do not allow any of the entity's income or assets to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than in line with the entity's charitable activities, as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property the entity bought.
 - v) The laws of the entity's jurisdiction of residence that apply or the entity's formation documents require that, as soon as the entity is liquidated or dissolved, all of its assets will be distributed to a governmental entity or other non-profit entity. Or, they will be handed over to the government of the entity's jurisdiction of residence or one of its political subdivisions.