

This form is required for universal life insurance contracts, as well as for non-registered savings plans (NRSPs) and non-registered annuities, in accordance 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 the policyowner/contractholder/investor (active or passive entity) and 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 canada.ca/en/revenue-agency.html.

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

1. General Information

Policy or Application No./Contract No. _____

Legal name of the policyowner/contractholder/investor _____

2. Purpose of Insurance/Intended Nature of Savings

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

3. Resolution for Signing Authority and Information on the Authorized Signatory(ies)

When the policyowner/contractholder/investor is a corporation: Provide a resolution for signing authority **and the information required below** regarding the authorized signatories. A **resolution for signing authority** is an extract from the official records that clearly designates the persons duly authorized to act and sign on behalf of the corporation. This document must be signed by all members of the Board of Directors entitled to vote on this resolution. Examples of documents that may be used as a resolution include: certificate of incumbency, minutes, company bylaws, etc. For the definition of "Corporation", see section 3 of "General Information and Instructions" at the end of the form.

When the policyowner/contractholder/investor is another type of entity (e.g., partnership, trust, association, etc.): Please provide **the information required below** with respect to the authorized signatories.

If there are more than two signatories authorized to act on behalf of the corporation or entity, 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, including job title, field of activity, name of employer and status, i.e., employee or self-employed). If retired, please provide details on the last occupation prior to retirement.

Full permanent residential address _____

Relationship between the authorized signatory and the policyowner/contractholder/investor (role of the authorized signatory within the corporation or entity)

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

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
---	---	---	---	---	---	---	---

Profession/Occupation (please provide complete and detailed information, including job title, field of activity, name of employer and status, i.e., employee or self-employed). If retired, please provide details on the last occupation prior to retirement.

Full permanent residential address _____

Relationship between the authorized signatory and the policyowner/contractholder/investor (role of the authorized signatory within the corporation or entity)

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
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Expiration date

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

Please indicate the declaration of tax residence of the corporation or entity, as well as its entity or account number, and the registering authority. If this section is omitted or incomplete, we will send you the Form FRA1748: *Declaration of Tax Residence (Self-Certification) – Entity*, which must be duly completed and signed by the authorized signatories, liquidators or trustees. In the event that the declaration of tax residence is not obtained, Beneva Inc. (“Beneva”) may be required to report information about the insurance contract/savings product to the Canada Revenue Agency (CRA).

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

The entity is a tax resident of Canada

If you check this box, indicate the entity's number or the account number issued to the trust in Canada (not applicable to an estate):

• **In the case of an entity:** Indicate the entity number as provided by the Canada Revenue Agency (CRA). This is a 9-digit entity number followed by one of the program accounts issued by the CRA (15 alphanumeric characters in total, in the following format: “123456789 RC 0001”):

• **If the entity has not received a number provided by the CRA:** Indicate the entity's registration number: _____

• **In the case of a trust:** Indicate the trust's 8-digit Canadian account number as issued by the CRA: T- _____

Registering authority (federal or provincial): _____

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

If you check 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 Beneva 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 “General Information and Instructions” at the end of the form.)

New individual insurance contracts or savings products with Beneva may only be issued/opened if all parties are Canadian residents:

• If the corporation or entity is only a resident of a country other than Canada (as per the information provided above), Beneva will be obligated to refuse issuing the contract/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), Beneva will be obligated to refuse issuing the contract/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 the CRA website at canada.ca/en/revenue-agency.html 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.** Beneva will be obligated to refuse issuing the contract/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. 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);
- is a trade union, a professional organization, a professional body, a business league, a chamber of commerce, a civic league, a club, an association, etc.; **OR**
- is a non-profit organization (charity).
 - For an active entity, **go to section 6A.**
 - For a non-profit organization (charity), **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 (Charity)

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, 2 and 3 below** (note that sub-section 3 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 ACTIVE corporation or entity, as listed below in sub-sections 2 and 3 (e.g., articles of incorporation, annual report, shareholders' agreement or corporate bylaws that corroborate the required information). For complex ownership structures, such as where the corporation or entity is owned by another entity, an **organizational chart of the ownership structure** must be attached to establish the ownership, control and structure of the ACTIVE corporation or entity.

Sub-section 1 Key activity:

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

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

Full name	Full name
_____	_____
_____	_____
_____	_____

Sub-section 3 Provide information on the persons who directly or indirectly own or control 25% or more of the ACTIVE corporation or entity:

(If more space is needed, please enclose a separate list. Please complete section 7 if the information requested in sub-sections 2 and 3 could not be obtained, or confirmed with the required documents.)

Controlling Persons (NATURAL persons controlling 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 _____	

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, 2 and 3 below** (note that sub-section 3 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 2 and 3 (e.g., articles of incorporation, annual report, shareholders’ agreement or corporate bylaws that corroborate the required information). For complex ownership structures, such as where the corporation or entity is owned by another entity, trust or estate an **organizational chart of the ownership structure** must be attached to establish the ownership, control and structure of the PASSIVE corporation or entity.

For a **trust**, you must fill out sub-sections 1 and 3 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 3).

For an **estate**, you must fill out sub-section 3 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.

Sub-section 1 Key activity:

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

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

Full name	Full name

Sub-section 3 Provide information on:

- all natural 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 of the estate

All controlling persons (natural persons), trustees or liquidators must indicate in writing their declaration of residence for tax purposes. If this section is omitted or incomplete, we will send you the form FRA1737, which must be duly completed. (Each individual must complete a separate FRA1737 form).

In the event that the declaration of tax residence is not obtained, Beneva Inc. may be required to report information about the insurance contract/savings product to the Canada Revenue Agency (CRA).

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

(If more space is needed, please enclose a separate list containing all required information.) Please complete section 7 if the information requested in sub-sections 2 and 3 could not be obtained, or confirmed with the required documents.

1 – Controlling Persons (NATURAL persons who exercise control, directly or indirectly)

- Corporation → shareholders (25% or more)
- Trust → all trustees, and known beneficiaries and settlors of the trust
- Estate → all liquidators

_____ | 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 residential address

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

The controlling person is a tax resident of Canada
If you check this box, indicate this person’s Social Insurance Number: _____

The controlling person is a tax resident of a jurisdiction other than Canada
If you check this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person. 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 Persons (NATURAL persons who exercise control, directly or indirectly)

- Corporation → shareholders (25% or more)
- Trust → all trustees, and known beneficiaries and settlors of the trust
- Estate → all liquidators

_____ | 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 residential address

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

The controlling person is a tax resident of Canada
If you check this box, indicate this person’s Social Insurance Number: _____

The controlling person is a tax resident of a jurisdiction other than Canada
If you check this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person. 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 Persons (NATURAL persons who exercise control, directly or indirectly)

- Corporation** → shareholders (25% or more)
- Trust** → all trustees, and known beneficiaries and settlors of the trust
- Estate** → all liquidators

Full name _____ Initials _____ Date of birth

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

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

Full permanent residential address _____

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

The controlling person is a tax resident of Canada
If you check this box, indicate this person's Social Insurance Number: _____

The controlling person is a tax resident of a jurisdiction other than Canada
If you check this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person. 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 Persons (NATURAL persons who exercise control, directly or indirectly)

- Corporation** → shareholders (25% or more)
- Trust** → all trustees, and known beneficiaries and settlors of the trust
- Estate** → all liquidators

Full name _____ Initials _____ Date of birth

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

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

Full permanent residential address _____

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

The controlling person is a tax resident of Canada
If you check this box, indicate this person's Social Insurance Number: _____

The controlling person is a tax resident of a jurisdiction other than Canada
If you check this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the controlling person. 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

6C – Non-Profit Organization (Charity)

Is the policyowner/contractholder/investor a non-profit organization (charity)? Yes No

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

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

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

What is the key activity of the non-profit organization (charity)? _____

7. Information on the Chief Executive Officer (CEO)

When the information required in section 6 can neither be obtained nor confirmed, please verify the identity of the entity's CEO.

In this section, the CEO 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 CEO may be the owner or the partner.

Full name of the CEO

Government-issued photo ID used to confirm the CEO's identity:

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

Full name (as it appears on photo ID)

Document number

Issuing jurisdiction

Expiration date

Y Y Y Y M M D D

In the case of a PASSIVE corporation or another type of PASSIVE entity (including trusts and estates), please also provide the following information about the CEO:

Type of controlling person (see section 6 of "General Information and Instructions" at the end of the form)

Date of birth

Y Y Y Y M M D D

Full permanent residential address

Check (✓) **ALL** the options that apply to the CEO:

The CEO is a tax resident of Canada

If you check this box, indicate this CEO's Social Insurance Number: _____

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

If you check this box, indicate ALL jurisdictions and taxpayer identification numbers (TINs) of the CEO. 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 CEO does not have a TIN, indicate the reason

8. Declaration, Consent and Signatures

If more space is needed, please enclose a separate form with all signatures and information required.

By signing below, the authorized signatories (as designated in section 3), or the liquidators or the trustees:

- Authorize Beneva Inc., when required by law, to ascertain their identity by means of a reliable and independent identification product and/or any other method provided by law.
- Declare that the information provided in this form, including the declaration of tax residence, is accurate and complete.
- Agree to provide Beneva 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.
- Agree to provide Beneva Inc. with an update of the information provided in this form upon request, in accordance with the ongoing monitoring requirements of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA)* and its regulations.
- Attest that their signature, if affixed electronically, has the same legal value as their handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

Signature of authorized signatory, liquidator or trustee 1

Full name

Y Y Y Y M M D D

Job Title

Date

Signature of authorized signatory, liquidator or trustee 2

Full name

Y Y Y Y M M D D

Job Title

Date

9. Declaration of the Financial Security Advisor

By signing below, the financial security advisor/representative attests to have collected all the information required to verify the identity of the corporation or entity and attests to have seen the original documents provided by the authorized signatories, liquidators, or trustees, confirming their identity, and that these documents are authentic, valid, and current (not expired). The financial security advisor/representative certifies that his or her signature, if affixed electronically, has the same legal value as his or her handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

Full name of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

Y Y Y Y M M D D

Signature of the Financial Security Advisor/Representative

Date

SCANNED OR FAXED DOCUMENTS RECEIVED BY BENEVA MAY BE USED BY BENEVA IN LIEU OF THE ORIGINAL DOCUMENT

General Information and Instructions

In this document:

- any expression referring to persons refers to 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/contractholder/investor is the corporation or entity designated as account holder of the insurance contract/savings account with Beneva Inc. (hereinafter "Beneva").

When a trust or estate is the account holder, the designated account holder of the insurance contract/savings 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 contract/savings account is the partnership and not its associates.

2. Purpose of Insurance/Intended Nature of Savings

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. Resolution for Signing Authority and Information on the Authorized Signatory(ies)

When the policyowner/contractholder/investor is a corporation: Provide a resolution for signing authority and the required information for each authorized signatory. A **resolution for signing authority** is an extract from the official records that clearly designates the persons duly authorized to act and sign on behalf of the corporation. This document must be signed by all members of the Board of Directors entitled to vote on this resolution. Examples of documents that may be used as a resolution include: certificate of incumbency, minutes, company bylaws, etc.

A **corporation** exists as a distinct legal entity, meaning it is legally separate from its shareholder(s). As a rule, a corporation continues to exist until it is dissolved.

A corporation can be constituted under a provincial or federal law, in particular the:

- *Companies Act*
- *Business Corporations Act*
- *Canada Business Corporations Act*

The goal of a corporation is to operate a business for profit and to distribute the profits, if any, among the shareholders in the form of dividends.

When the policyowner/contractholder/investor is another type of entity (e.g., partnership, trust, association, etc.): Please provide the information required with respect to each authorized signatory.

If there are more than two signatories authorized to act on behalf of the policyowner/contractholder/investor, please enclose a separate list containing all required information.

In the case of a trust or estate, provide information about the trustee(s) or executor(s) authorized to act on behalf of the trust or estate.

With regard to the profession/occupation, it's important to provide complete and detailed information, including job title, field of activity, name of employer and status (employee or self-employed). If retired, please provide details on the last occupation prior to retirement.

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 visit the "Residency of a corporation" section on the CRA website at canada.ca/en/revenue-agency.html.

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. For complex ownership structures, such as where the corporation or entity is owned by another entity, trust or estate **an organizational chart of the ownership structure** must be attached to establish the ownership, control and structure of the corporation or entity.

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:

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.

- 1) Direct owner of a corporation
- 2) Indirect owner of a corporation (through an intermediary)
- 3) Director or senior official of a corporation
- 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 tax year
 - you stay in Canada for less than 183 days in the tax year

For more information on how to determine resident status for tax purposes, please refer to the CRA website at canada.ca/en/revenue-agency.html.

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 Beneva 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 us in writing.

7. Information on the Chief Executive Officer (CEO)

When the information required in section 6 is neither obtained nor confirmed, please:

- obtain the name of the CEO of the corporation or entity **and**
- verify the identity of the CEO of the corporation or entity in compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

For the purposes of the Common Reporting Standard, when it is not possible to obtain or confirm the accuracy of the information on the natural persons controlling the corporation or entity, the CEO is considered to be the controlling natural person. To this end, in the case of a PASSIVE corporation or other type of PASSIVE entity (including trusts and estates), the declaration of tax residence of the CEO must be obtained.

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/Representative

The financial security advisor/representative 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 contract/savings account for tax purposes, or the declaration of tax residence obtained when the contract was first issued or when the savings 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.



Individual Insurance Products

Beneva Inc.
1225 rue Saint-Charles Ouest, Suite 200
Longueuil, Quebec J4K 1A7

Customer Service

Phone: 1-800-565-4550
Fax: 1-866-582-6672

beneva.ca

Savings Products:

Beneva Inc.
P.O. Box 10510, Stn Sainte-Foy
Quebec City, Quebec G1V 4H6

Customer Service

Phone: 1-800-320-4887
Fax: 1-866-559-6871

beneva.ca

Resolution for Signing Authority

Legal name of the Corporation: _____

Legal name of the Corporation (hereinafter referred to as the "Corporation")

BE IT RESOLVED THAT:

I, the undersigned, _____, **President and sole shareholder** of the above-mentioned Corporation, am the sole person authorized to sign any application, instructions form, or document of any nature whatsoever related to any present or future individual life insurance contract, or annuity contract applicable to a non-registered savings plan underwritten by **Beneva Inc.**

Please select one of the two options

OR

The following are the sole persons authorized by the above-mentioned Corporation to sign any application, instructions form, or document of any nature whatsoever related to any present or future individual life insurance contract, or annuity contract applicable to a non-registered savings plan underwritten by **Beneva Inc.**

Full name

Title

Signature

The signature of only one of these persons is required.

OR

The signatures of all of these persons are required.

CORPORATE SECRETARY'S OR PRESIDENT'S SIGNATURE (mandatory)

I, the undersigned, _____, Corporate Secretary, President or Corporate Secretary and President of the Corporation hereby certify that the above is a true and exact copy of the resolution adopted by the Board of Directors on the _____ day of _____ 20____ and that the resolution is in full force and effect.

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Signature