

Universal life – Confirmation of new policyowner(s) – Individual(s)

Beneva Inc.

1225 Saint-Charles Street West, Suite 200, Longueuil, QC J4K 0B9

This form is to be used only for universal life insurance. It must be duly completed, signed and sent to Beneva Inc.

Policy number	Name of new policyowner(s)
	1
	2

A1 – Information new policyowner(s)

Policyowner 1		Policyowner 2	
Name of new policyowner 1		Name of new policyowner 2	
Residential address		Residential address	
Civic number and street name	Apt.	Civic number and street name	Apt.
City		City	
Province	Postal code	Province	Postal code
	r coldi occo		T dotal dodd
Telephone (residential)		Telephone (residential)	
Telephone (cellulaire)		Telephone (cellulaire)	
Principal business or detailed occupation and field of activity		Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)	
(if retired, indicate the last profession and field o	activity)	(if retired, indicate the last profession and field o	or activity)
Name of employer		Name of employer	
Employment status (e.g., employee, executive, ov	ner, self-employed, etc.)	Employment status (e.g., employee, executive, o	wner, self-employed, etc.)
Y , Y , Y , Y , M , M , D , D		[Y _ Y _ Y _ Y _ M _ M D _ D	
Date of birth		Date of birth	
Relationship with the insured		Relationship with the insured	

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A2 - Declaration of Tax Residence of policyowner(s) (self-certification)

☐ Collateral loan (specify the amount: \$____

☐ Other specify:

The information provided on the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must provide Beneva Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to be incomplete or inaccurate (for example, changing a bank account for one in a financial institution in a country other than Canada or the United States, changing an address for an address in a country other than Canada or the United States, etc.).

Policyowner 1	Policyowner 2	
Check (✓) all options that apply to you: ☐ I am a tax resident of Canada ☐ I am a tax resident of a jurisdiction other than Canada → If you check this box, the form Declaration of Tax Residence (Self-Certification) –	Check (✓) all options that apply to you: ☐ I am a tax resident of Canada ☐ I am a tax resident of a jurisdiction other than Canada → If you check this box, the form Declaration of Tax Residence (Self-Certification) –	
Individual (FRA1737A) is required.	Individual (FRA1737A) is required.	

A3 - Identity of the policyowner(s)

This section must be completed by the financial security advisor / representative. If he/she is not present, do not complete this section.

The financial security advisor/representative must:

Business insurance

☐ Buy / Sell agreement

☐ Key person protection

- verify in person the identity of each policyowner, as required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act;
- review the applicable document indicated below for that person (must be a government-issued photo identification document). In Quebec, you are not allowed to request the client's Health Card, but you can accept it only if the client offers it to you. In the provinces of Ontario, Manitoba, Nova Scotia and Prince Edward Island, the use of a Health Card for identification purposes is prohibited;
- indicate, for each policyowner, which of the required documents has been reviewed, its number, its expiration date and jurisdiction. The identifying document must be an unexpired original. If the document is "Other photo identification document admissible by Law", please specify the type of document verified.

Policyowner 1	Policyowner 2	
Name of the policyowner (as appearing on the document)	Name of the policyowner (as appearing on the document)	
Name of the policyowner (as appearing on the document)	Name of the policyowner (as appearing on the document)	
☐ Driver's licence ☐ Passport ☐ Citizenship card with photo	☐ Driver's licence ☐ Passport ☐ Citizenship card with photo	
$\hfill \Box$ Other photo identification document admissible by Law (specify):	☐ Other photo identification document admissible by Law (specify):	
Document number Jurisdiction	Document number Jurisdiction	
Y Y Y Y M M D D	[Y,Y,Y,Y]M,M]D,D]	
Document expiration date	Document expiration date	
A4 - Purpose of insurance		
Personal insurance		
☐ Income / Loan Protection ☐ Estate conservation ☐ Charitable don	ations	

☐ Estate planning

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A5 – Third-party of	determination		
1. Is the premium payer	different than the policyowner(s)?	☐ Yes ☐ No	
2. Is there a third party to	this contract or is there a third party v	who will have the use of and/or access to the value	of the contract? \square Yes \square No
If you answered "Yes"	to either of these two questions, ple	ease complete the "Third party identification" se	ection below:
	Thir	d party identification (if applicable)	
			Y Y Y Y M M D D
Name of the third party			Date of birth (if third party is an individual)
Full permanent address	of the third party	-	Telephone number of the third party
		ed information, including job title, field of activity, nar ovide the details on the last occupation prior to reti	
Relationship between the	e third party and the policyowner(s)		
If the third party is a co	orporation or other type of entity:		
Business Number	Place of issuance of its certificat	te of constitution	
A6 – New Policyo	wner(s) – Declarations, Cor	nsent and Signatures	
By signing below, you:			
	nation provided in this form is accurate	and complete.	
residence declaration v	within 30 days of any change in circum	ax Residence is correct and complete and agree to nstances that causes the information on this form to ur identity by means of a reliable and independent	be incomplete or inaccurate.
method provided by la		ar identity by means of a remaine and independent	nacritinoation product and/or any other
the purpose of insuran	ice, is accurate, complete and has bee of any change in this information. In s	g your contact information, identification information or correctly indicated, and you agree to promptly no uch a case, the financial security advisor/represent	tify Beneva Inc. or your financial security
Name of the new policyo	owner 1 (capital letters)		
X		[Y,Y,Y,Y]M,	M D , D
Signature of the new poli	icyowner 1	Date	
Name of the new policyo	owner 2 (capital letters)		
X			MID DI
Signature of the new poli	icvowner 2	 Date	W D D
9			
Name of the witness (cap	 pital letters)		
V			
X Signature of witness			M D D
J		_ 5.0	

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A7 - Declaration of the Financial Security Advisor/Representative

By signing below, you certify that you have verified in person the identity, address and date of birth of the new policyowner(s), signing officer(s), executor(s) or
trustee(s) by examining an appropriate, valid and unexpired original document, in accordance with the Proceeds of Crime (Money Laundering) and Terrorist
Financing Act and its regulations.
Also, you affect that you have taken reasonable measures to determine whether the policycompar(s) is (are) acting an hebalf of a third party

Also, you attest that you have taken reasonable measures to determine whether the policyowner(s) is(are) acting on behalf of a third party.

Furthermore, when the person(s) who has(have) signed this form as policyowner(s) informs (inform) you of an update to their contact information, identification information, occupation (including field of activity) or the purpose of insurance, you agree to promptly notify Beneva Inc.

Full name of the Financial Security Advisor/Representative	Financial Security Advisor/Representative No.	
X Signature of the Financial Security Advisor/Representative	Date	

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at beneva.ca.