

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
Telephone (residential)	Telephone (residential)
Telephone (cellulaire)	Telephone (cellulaire)
Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)	Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)
Name of employer	Name of employer
Employment status (e.g., employee, executive, owner, self-employed, etc.)	Employment status (e.g., employee, executive, owner, self-employed, etc.)
Y Y Y Y M M D D Date of birth	Y Y Y Y M M D D Date of birth
Relationship with the insured	Relationship with the insured

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

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
<p><b>Check (✓) all options that apply to you:</b></p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident of a jurisdiction other than Canada ➔ <b>If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is required.</b></p>	<p><b>Check (✓) all options that apply to you:</b></p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident of a jurisdiction other than Canada ➔ <b>If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is required.</b></p>

### 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:

- 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
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <p>Name of the policyowner (as appearing on the document)</p> <p> <input type="checkbox"/> Driver's licence              <input type="checkbox"/> Passport              <input type="checkbox"/> Citizenship card with photo  <input type="checkbox"/> Other photo identification document admissible by Law (specify):         </p> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Document number</span> <span>Jurisdiction</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Y   Y   Y   Y   M   M   D   D</span> </div> <p>Document expiration date</p>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <p>Name of the policyowner (as appearing on the document)</p> <p> <input type="checkbox"/> Driver's licence              <input type="checkbox"/> Passport              <input type="checkbox"/> Citizenship card with photo  <input type="checkbox"/> Other photo identification document admissible by Law (specify):         </p> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Document number</span> <span>Jurisdiction</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Y   Y   Y   Y   M   M   D   D</span> </div> <p>Document expiration date</p>

#### A4 – Purpose of insurance

## Personal insurance

- ☐ Income / Loan Protection      ☐ Estate conservation      ☐ Charitable donations

## Business insurance

- ☐ Buy / Sell agreement     ☐ Collateral loan (specify the amount: \$ \_\_\_\_\_)     ☐ Estate planning  
☐ Key person protection     ☐ Other specify: \_\_\_\_\_

Third party identification (if applicable)

Page ... 3

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 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

Y Y Y Y M M D D

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](#).