



OWNERSHIP CHANGE FORM

Life insured(s) or annuitant(s):	Current policyowner(s):
Policy #:	Policy #:
<p>Is this Ownership Change being submitted with a policy change? (For Life Insurance only) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, the changes apply to: (Select only one option) <input type="checkbox"/> Current Policy Only <input type="checkbox"/> New Policy Only <input type="checkbox"/> Both Current and New Policy</p> <p>I/We consent to policy related documentation, including current annual policy statement, being provided to the new policy owner, and transfer all rights and interest in the above policy, absolutely and irrevocably, subject to the terms and conditions of the policy to the new owner(s) identified below.</p> <p>If the beneficiary is revocable, this transfer of ownership terminates the existing beneficiary designation. The new owner(s) should complete the Beneficiary Change Request (form #671BCF), otherwise the policy proceeds become payable to the new owner(s) estate(s).</p> <p>For Whole Life, Universal Life and Non-Registered policies only: If the new owner is an entity, you must also complete and remit Business Information Form (form #594).</p> <p>The following information is required to comply with Canadian legislation. In order for us to process your Ownership Change, please fill out all fields in the applicable sections.</p>	

1a. NEW PRIMARY OWNER					
I/We understand this address will be used as the premium billing address unless other instructions are received by the Company.					
New Policyowner:			Date of birth (dd/mm/yyyy):		
Address (Street, City, Postal code):					
Telephone number:			Social Insurance Number (SIN):		
Occupation (job title and duties) - if not currently working, indicate former occupation:					
Select one of the three ID Verification options: Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.					
<input type="checkbox"/> I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:					
Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)	
If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.					
<input type="checkbox"/> I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:					
Category*	Document Type	Document Issuer	Document/Account Number	Document Date** (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)
*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information. **Expiry Date if available, otherwise Issue Date.					
<input type="checkbox"/> I, the Owner, consent to Equitable Life verifying my identity through a third party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.					

This form has been prepared for the convenience of the policyowner. The Company does not assume responsibility for its validity or sufficiency.

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1b. NEW JOINT OWNER

If there will be a new joint owner, provide their information below:

New Policyowner:	Date of birth (dd/mm/yyyy):
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Address (Street, City, Postal code):

Telephone number:	Social Insurance Number (SIN):
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Occupation (job title and duties) - if not currently working, indicate former occupation:

Select one of the three ID verification options:

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date** (dd/mm/yyyy)	Date Advisor Verified (dd/mm/yyyy)

*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

**Expiry Date if available, otherwise Issue Date

I, the Joint Owner, consent to Equitable Life verifying my identity through a third party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

2. TAX CONSIDERATIONS (not applicable to Critical Illness policies)

Note:

- The information in this section is required to determine the tax consequences of the ownership change.
- For information about whether individuals or entities are "related" for tax purposes, please consult your tax advisor.
- If the current owner is deceased and no successor/contingent owner was named for the policy, proceed to Reason for Change question.

Transfers between individuals

If the transfer is between individuals, indicate below the relationship of the current policy owner to the new policy owner (select one):

Current owner	New owner
<input type="checkbox"/> Parent (including adoptive, in-law)	> Child
<input type="checkbox"/> Grandparent (including adoptive, in-law)	> Grandchild
<input type="checkbox"/> Spouse	> Spouse
<input type="checkbox"/> Former spouse	> Former spouse
<input type="checkbox"/> Sibling (including in-law)	> Sibling
<input type="checkbox"/> Individual, other than those listed above, who IS related to the other individual for tax purposes	> Individual, other than those listed above, who IS related to the other individual for tax purposes
<input type="checkbox"/> Individual who IS NOT related to the other individual for tax purposes	> Individual who IS NOT related to the other individual for tax purposes



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2. TAX CONSIDERATIONS (not applicable to Critical Illness policies) (Cont.)

Transfers involving a corporation, trust or other entity

If the transfer involves a corporation, trust or other entity, indicate below the relationship of the current policy owner to the new policy owner (select one):

Current owner	New owner
<input type="checkbox"/> Individual	> Trust
<input type="checkbox"/> Individual who IS related to the corporation for tax purposes	> Corporation that IS related to the individual for tax purposes
<input type="checkbox"/> Individual who IS NOT related to the corporation for tax purposes	> Corporation that IS NOT related to the individual for tax purposes
<input type="checkbox"/> Trust	> Individual
<input type="checkbox"/> Corporation that IS related to the individual for tax purposes	> Individual who IS related to the corporation for tax purposes
<input type="checkbox"/> Corporation that IS NOT related to the individual for tax purposes	> Individual who IS NOT related to the corporation for tax purposes
<input type="checkbox"/> Corporation that IS related to the other corporation for tax purposes	> Corporation that IS related to the other corporation for tax purposes
<input type="checkbox"/> Corporation that IS NOT related to the other corporation for tax purposes	> Corporation that IS NOT related to the other corporation for tax purposes
<input type="checkbox"/> Other – specify: _____	> Other – specify: _____

Reason for change of ownership (select one of the following):

- Death of current policy owner
- Transfer of policy in settlement of rights arising out of, or on the breakdown of, a marriage or common-law partnership
- Wind up of corporation
- Amalgamation of corporations
- Distribution from a trust to a capital beneficiary of a trust
- Donation to a registered charity
- None of the above

Consideration paid to the current owner by the new owner

What is the amount of money or the fair market value of the consideration paid (if any) by the new owner to the current owner for the policy?

\$ _____

3. DECLARATION OF TAX RESIDENCE (for Whole Life, Universal Life And Non-Registered Policies only)

New Policy Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
Jurisdiction of tax residence _____ TIN or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____



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3. DECLARATION OF TAX RESIDENCE (FOR WHOLE LIFE, UNIVERSAL LIFE AND NON-REGISTERED POLICIES ONLY) (Cont.)

New Joint Policy Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
 Jurisdiction of tax residence _____ TIN or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____

4. APPOINTMENT OF CONTINGENT POLICYOWNER

I/We revoke all previous designations of contingent policyowners(s) [subrogated holder(s)] under this contract and, upon my death, appoint the person(s) below to become the policyowner(s) [holder(s)] of this contract, if living, otherwise ownership of this contract will automatically transfer to my/our estate(s).

Full name of contingent policyowner:

Date of birth (dd/mm/yyyy):

Social Insurance Number (SIN):

5. THIRD PARTY

Is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the owner or life insured/annuitant will be paying the premium or has/will have an ownership interest in this policy. Examples include a power of attorney signing on behalf of the owner, someone other than the owner or life insured/annuitant is paying premiums, or a corporation having use or access to the policy values.

- No (If Owner/Insured)
If No continue to section 6 entitled "Source of funds".
- Yes (If someone other than the Owner/Insured)
If yes, complete the appropriate section; Individual Third Party or Business/Entity Third Party.

Type of Third Party (select one and attach any applicable legal documentation)

- payor trustee executor collateral/assignee attorney/power of attorney/mandatory
- other (please specify): _____

Individual Third Party

Name of Third Party (first, middle, last)

Date of Birth (dd/mm/yyyy)

Phone number

Address (number, street and apartment)

City or Town

Province and Country

Postal Code

Relationship to owner

Occupation (job title and duties) –
if not currently working, indicate former occupation



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Business / Entity Third Party		
Full Legal Name		
Address (number, street and apartment)	City or Town	Province
Phone Number	Postal Code	Country
Relationship to Owner	Nature of principal business	
Incorporation / Registration Number (if applicable)	Jurisdiction / Country of Issue (if applicable)	

6. SOURCE OF FUNDS	
Check all that apply:	
<input type="checkbox"/> Salary or Earned Income	<input type="checkbox"/> Business Income
<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Borrowed Funds
<input type="checkbox"/> Gifted Funds	<input type="checkbox"/> Proceeds from Death Benefits or Estate
<input type="checkbox"/> Applicant / Owner Savings	<input type="checkbox"/> Other: _____

7. PURPOSE OF THE POLICY		
Check all that apply (for Life or Critical Illness Insurance policies, select at least one of the bolded options. Not all policies are suitable for all purposes):		
<input type="checkbox"/> Short Term Savings	<input type="checkbox"/> Retirement / Long Term Savings	<input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement
<input type="checkbox"/> Income Creation	<input type="checkbox"/> Gift	<input type="checkbox"/> Income / Family Protection
<input type="checkbox"/> Legacy / Inheritance / Estate Protection	<input type="checkbox"/> Mortgage / Debt Insurance	<input type="checkbox"/> Education Purposes
<input type="checkbox"/> Other: _____		



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8. SIGNATURES

I certify that the information provided on this form is current, correct and complete. I will notify Equitable Life within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.

Signed at _____ this _____ of _____
(city) (province) (day) (month) (year)

Ownership Change – Required Signatures:

Signature of current policyowner(s)

Signature of new policyowner(s)

Signature of assignee (if applicable)

Signature of irrevocable beneficiary(ies) (if applicable)

I relinquish all rights as irrevocable beneficiary and consent to the appointment of a new beneficiary

9. ADVISOR DECLARATION

To the best of my knowledge, the information provided is complete and true.

Advisor Signature

Date (dd/mm/yyyy)

Advisor Code

Note: If you own this policy you can not sign as the advisor because you cannot validate your own ID pursuant to anti-money laundering legislation. If applicable, this declaration must be completed by another licensed and contracted advisor.

10. INSTRUCTIONS FOR NAME AND OWNERSHIP CHANGES

1. Please ensure all information is printed clearly and legibly on the form.
2. This form may be used to make identical changes to more than one policy, if the insured/annuitant(s) and owner(s) are the same for each policy.
3. For Whole Life, Universal Life and Non-Registered policies only: If the new owner is an entity, you must also complete and remit [Business Information Form \(form #594\)](#).
4. A change of ownership may have tax consequences. Please contact your tax advisor before making changes.
5. A change of ownership may affect the interest of beneficiaries elected prior to the date of ownership change.
6. Signature requirements: when the form is completed by a:
 - corporation: the full name of the corporation must be printed with authorized person(s) signature and title mentioned.
 - partnership or firm: the full name of the partnership or firm must be printed with signatures of all partners.
 - sole proprietorship: the sole proprietor must sign the form with sole proprietor written beside the signature.
7. A transfer of ownership is not permitted under a registered policy.
8. The ownership of a G3 (issue date of January 1, 2017 or later) multiple life term insurance policy cannot be transferred to a company.
9. The policy owner(s) must initial any changes made to the form.
10. Due to the recent change(s) to your policy, you may be required to update your Client Access to reflect the changes.

This form has been prepared for the convenience of the policyowner. The Company does not assume responsibility for its validity or sufficiency.

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.