

CORPORATION/OTHER ENTITY OWNER SUPPLEMENT

Policy/contract number

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

Important information for completing this form:

- Complete this supplement if the Owner of the policy ('Owner') is a corporation, trust, Estate, partnership, association or other entity (the "corporation/entity").
- Upon completion, this supplement forms part of the application/policy/contract number indicated above.
- Attach the articles of the corporation (incorporation, amendment, amalgamation etc.) or deed of trust or copy of will for an Estate, or partnership agreement, and, for corporations, the bylaws or corporate resolution confirming who can sign insurance contracts on behalf of the corporation as indicated in Section 5.
- If there is more than one corporate Owner/other entity Owner or more space is required, please complete a second supplement.

| | |
|--|---|
| 1. Corporation/entity information | |
| Full legal name of corporation or other entity | Type of business |
| Address (number and street name) | |
| City | Province Postal code |
| Telephone | Nature of the corporation/entity: <input type="radio"/> Corporation <input type="radio"/> Charity (complete section 2) <input type="radio"/> Trust <input type="radio"/> Partnership <input type="radio"/> Club/Association <input type="radio"/> Estate <input type="radio"/> Other: _____ |
| Registration in (province, territory) | Incorporation/Trust number BN (Federal Business #) NEQ (Quebec only) |
| Type of charter document* | Date of establishment |
| *Must be submitted (i.e. articles of incorporation, partnership agreement, articles of association, trust agreement, copy of will for an Estate) | |

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| 2. Charitable corporation/entity information |
| Is the charitable organization registered with the Canada Revenue Agency? <input type="radio"/> yes – specify the registration number _____ <input type="radio"/> no – does the charitable organization solicit donations from the public? <input type="radio"/> yes <input type="radio"/> no |

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| 3. International tax entity identification |
| This section does not need to be completed for a registered policy/contract or a policy/contract that does not have the potential for cash values. |
| The terms used in this section are defined by the Canada – United States Enhanced Tax Information Exchange Agreement Implementation Act. For a definition of terms, visit the Canada Revenue Agency website and search "enhanced financial account information reporting". |
| NOTE: If the corporation/entity resides outside the U.S. or Canada, complete form RC521 on the CRA website which can be found on the Canada Revenue Agency website. |
| For tax reporting purposes, what is the FATCA classification of the corporation/entity? Select one of the following: |
| <input type="radio"/> NFFE - Non-Financial Foreign Entity (non U.S. including Canadian) – specify if: <input type="radio"/> Active NFFE <input type="radio"/> Passive NFFE |
| <input type="radio"/> FI - Financial Institution – specify the FI type and provide a Global Intermediary Identification Number (GIIN) if available: <input type="radio"/> Financial Institution with a valid GIIN _____ <input type="radio"/> Non Participating Financial Institution <input type="radio"/> Other – specify status (e.g. Deemed Compliant Financial Institution) _____ |
| <input type="radio"/> U.S. Specified Person – provide U.S. Federal Tax Identification Number _____ |



4. OWNERSHIP INFORMATION

Provide information requested for each individual described below, as applicable.

If the Owner is:

- **a corporation** – provide the names of all directors of the corporation and the names and addresses of all persons who own or control, directly or indirectly, 25% or more of the shares of the corporation; or
- **a trust** – provide the names and addresses of all trustees and all known beneficiaries and settlors of the trust; or
- **an Estate** – provide a copy of the will; or
- **an entity other than a corporation or trust** – provide the names and addresses of all persons who own or control, directly or indirectly, 25% or more of the entity.

| | |
|------------|----------------|
| First name | Middle initial |
|------------|----------------|

| |
|-----------|
| Last name |
|-----------|

| |
|----------------------------------|
| Address (number and street name) |
|----------------------------------|

| | | |
|------|----------|-------------|
| City | Province | Postal code |
|------|----------|-------------|

- Controlling owner/partner Director Trust beneficiary Trust settlor Trustee Senior Officer
 Other:

| |
|------------|
| Occupation |
|------------|

The section below does not need to be completed for a registered policy/contract or a policy/contract that does not have the potential for cash values.

Where do you reside for tax purposes? (check all that apply)

- Canada** **U.S.** (resident or citizen) – Tax Identification Number _____
If you do not have a Tax Identification Number from the U.S. have you applied for one? yes no
- Other** – specify country _____ Tax Identification Number _____

If you do not have a Tax Identification Number, specify the reason:

- I will apply or have applied for a Tax Identification Number but have not yet received it.
 My jurisdiction of tax residence does not issue Tax Identification Numbers to its residents.
 Other—specify reason: _____

| | |
|------------|----------------|
| First name | Middle initial |
|------------|----------------|

| |
|-----------|
| Last name |
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| |
|----------------------------------|
| Address (number and street name) |
|----------------------------------|

| | | |
|------|----------|-------------|
| City | Province | Postal code |
|------|----------|-------------|

- Controlling owner/partner Director Trust beneficiary Trust settlor Trustee Senior Officer
 Other:

| |
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| Occupation |
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The section below does not need to be completed for a registered policy/contract or a policy/contract that does not have the potential for cash values.

Where do you reside for tax purposes? (check all that apply)

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- Other** – specify country _____ Tax Identification Number _____

If you do not have a Tax Identification Number, specify the reason:

- I will apply or have applied for a Tax Identification Number but have not yet received it.
 My jurisdiction of tax residence does not issue Tax Identification Numbers to its residents.
 Other—specify reason: _____

5. Signing authority

List all persons who are currently authorized to sign applications for insurance policies or investment contracts issued by Empire Life, and any related agreements, forms or other documents ("Empire Life documents") on behalf of the corporation/entity.

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last name |
| | | |

Address (number and street name)

| | | |
|------|----------|-------------|
| City | Province | Postal code |
| | | |

Director Partner Trustee Other:

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last name |
| | | |

Address (number and street name)

| | | |
|------|----------|-------------|
| City | Province | Postal code |
| | | |

Director Partner Trustee Other:

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last name |
| | | |

Address (number and street name)

| | | |
|------|----------|-------------|
| City | Province | Postal code |
| | | |

Director Partner Trustee Other:

In order to bind the corporation/entity, Empire Life documents must be signed by (select the appropriate option):

any one of the person(s) named above any two of the person(s) named above

6. Declaration and agreement

I declare and agree that:

- All of the information in this Corporation/Other Entity Owner Supplement is true, complete and accurate.
- Empire Life may rely on the information contained in the Signing Authority section to determine who can sign Empire Life documents on behalf of the corporation/entity unless and until Empire Life is notified in writing that the person(s) named above with signing authority have changed.
- The corporation/entity will provide additional evidence of signing authority if requested by Empire Life.
- The corporation/entity agrees to promptly notify Empire Life, in writing, of any change to the information in this Corporation/Other Entity Owner Supplement, including any change in residency or citizenship status of a controlling person, Owner or individuals involved in a trust, or any change in the entity's FATCA/Common Reporting Standard (CRS) classification.

Owner(s)

By signing below, I confirm:

I have read, understood and I agree to the statements in the Declaration and Agreement; and I am duly authorized by the Owner to act on its behalf in responding to questions on the application/policy/contract number indicated in this Corporation/Other Entity Owner Supplement.

I understand Empire Life will rely on the information provided above to conduct customer due diligence and to satisfy applicable regulatory requirements.

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| Signature of authorized signing officer for Owner X | Date |
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|---------------------------------------|-----------|-------|
| First name authorized signing officer | Last name | Title |
| | | |

| | |
|--|---|
| Signature of authorized signing officer for Owner X | Date |
| | d d - m m m - y y y y |

| | | |
|---------------------------------------|-----------|-------|
| First name authorized signing officer | Last name | Title |
| | | |