

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 is a corporation, trust, partnership, club or other entity (the "corporation/entity").
- Upon completion, this supplement forms part of the application/policy/contract number indicated.
- Attach a copy of articles of incorporation/charter documents/trust or partnership agreement and the document that states who can sign contracts on behalf of the corporation/entity.
- If there is more than one corporate Owner or more space is required, please complete a second form.

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		
			d d m m y y y y		
*Must be submitted (i.e. articles of incorporation within the last year or corporate resolution, partnership agreement, articles of association, trust agreement, copy of will for Estate)					

2. Charitable corporation/entity information

Is the charitable organization registered with the Canada Revenue Agency?
 yes – specify the registration number _____
 no – does the charitable organization solicit donations from the public? yes no

3. International tax entity identification

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 [cra-arc.gc.ca](http://www.cra-arc.gc.ca) 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 – URL: <http://www.cra-arc.gc.ca/E/pbg/tf/rc521/README.html>

For tax reporting purposes, what is the FATCA classification of the corporation/entity? Select one of the following:

- NFFE - Non-Financial Foreign Entity (non U.S. including Canadian)** – specify if:
 - Active NFFE
 - Passive NFFE
- FI - Financial Institution** – specify the FI type and provide a Global Intermediary Identification Number (GIIN) if available:
 - Financial Institution with a valid GIIN _____
 - Non Participating Financial Institution
 - Other – specify status (e.g. Deemed Compliant Financial Institution) _____
- 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.



5. Signing Authority

List all persons who are currently authorized to sign applications for insurance or investment policies 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 and 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.

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

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