CORPORATION/OTHER ENTITY OWNER SUPPLEMENT FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

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/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.

Reset 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: ◯ Corporation ◯ Charity (complete section 2) ◯ Trust ◯ Partnership ◯ Club/Association ◯ Estate ◯ 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 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 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: https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/rc521.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.

Canoe FINANCIAL | Empire Life

4. Ownership information (cont'd)

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

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

Address (number and street name) | City | Province | Postal code

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

Occupation

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

Address (number and street name) | City | Province | Postal code

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

Occupation

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

Address (number and street name) | City | Province | Postal code

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

Occupation

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: _____

5. Signing Authority

List all persons who are currently authorized to sign applications for 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/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

Contracts are issued by The Empire Life Insurance Company ("EL").

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