




Signing officer information

Signing officer 1		Signing officer 2 (if applicable)	
First name	Last name	First name	Last name
Date of birth (yyyy/mm/dd)	Citizenship	Date of birth (yyyy/mm/dd)	Citizenship
Address (No., street, apt.)		Address (No., street, apt.)	
City	Province/State	City	Province/State
Country	Postal/Zip code	Country	Postal/Zip code
Specific occupation (e.g., building engineer)		Specific occupation (e.g., building engineer)	
Verification of identity of signing officer 1		Verification of identity of signing officer 2	
<input type="checkbox"/> Citizenship card <input type="checkbox"/> Driver's licence <input type="checkbox"/> Health insurance card* <input type="checkbox"/> Passport <input type="checkbox"/> Other photo card issued by a government		<input type="checkbox"/> Citizenship card <input type="checkbox"/> Driver's licence <input type="checkbox"/> Health insurance card* <input type="checkbox"/> Passport <input type="checkbox"/> Other photo card issued by a government	
* Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.		* Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.	
Issuing authority	ID number	Issuing authority	ID number
Place of issue Province, territory or state: _____ Country: _____		Place of issue Province, territory or state: _____ Country: _____	
Expiry date (yyyy/mm/dd) (an expired ID is not valid)	Date ID checked (yyyy/mm/dd)	Expiry date (yyyy/mm/dd) (an expired ID is not valid)	Date ID checked (yyyy/mm/dd)
 Proof that the signing officer is authorized to act on behalf of the entity which must be attached to this form. <input type="checkbox"/> Mandate <input type="checkbox"/> Power of attorney <input type="checkbox"/> Board resolution <input type="checkbox"/> Other (specify): _____		 Proof that the signing officer is authorized to act on behalf of the entity which must be attached to this form. <input type="checkbox"/> Mandate <input type="checkbox"/> Power of attorney <input type="checkbox"/> Board resolution <input type="checkbox"/> Other (specify): _____	
If the identity is being checked remotely, the signing officer must also show one of the following documents to confirm their name and address: <input type="checkbox"/> Utility bill <input type="checkbox"/> Employment Insurance benefit statement <input type="checkbox"/> Statement of Old Age Security <input type="checkbox"/> Statement of Canada Pension Plan Benefits <input type="checkbox"/> Bank or credit card statement (the statement must not be issued by a caisse or entity of Desjardins Group) <input type="checkbox"/> Other document from a reliable source that contains the signing officer's name and address: _____		If the identity is being checked remotely, the signing officer must also show one of the following documents to confirm their name and address: <input type="checkbox"/> Utility bill <input type="checkbox"/> Employment Insurance benefit statement <input type="checkbox"/> Statement of Old Age Security <input type="checkbox"/> Statement of Canada Pension Plan Benefits <input type="checkbox"/> Bank or credit card statement (the statement must not be issued by a caisse or entity of Desjardins Group) <input type="checkbox"/> Other document from a reliable source that contains the signing officer's name and address: _____	
Name of issuer		Name of issuer	
Account or reference number	Date of issue (yyyy/mm/dd)	Account or reference number	Date of issue (yyyy/mm/dd)

Entity registration


Place a check mark beside the type of entity and provide an acceptable document proving that this entity exists.

Type of entity	Document to attach to this form
A <input type="checkbox"/> Formal trust	<input type="checkbox"/> Trust contract <input type="checkbox"/> Will
B <input type="checkbox"/> Estate	<input type="checkbox"/> Will
C <input type="checkbox"/> Company (Inc.) <input type="checkbox"/> Incorporated association <input type="checkbox"/> Incorporated business	<input type="checkbox"/> Recent certificate of incorporation <input type="checkbox"/> Filing required under securities legislation <input type="checkbox"/> GST/HST return <input type="checkbox"/> Record from a government registry (e.g., REQ)
D <input type="checkbox"/> Unincorporated association <input type="checkbox"/> Charitable organization <input type="checkbox"/> Unincorporated business <input type="checkbox"/> Partnership	<input type="checkbox"/> Articles of association <input type="checkbox"/> Partnership agreement <input type="checkbox"/> Any other record that confirms the entity's existence

 • If it is a type **A** or **B** entity, complete the following sections:
 Section 1 - Trust information
 Section 3 - Comments (if applicable)
 Section 4 - Statements and signatures

• If it is a type **C** or **D** entity, complete the following sections:
 Section 2 - Additional information about the entity
 Section 3 - Comments (if applicable)
 Section 4 - Statements and signatures

Section 2 - Additional information about the entity


 Fill out this section only if the entity is an **incorporated association**, a **company (Inc.)**, an **incorporated business**, an **unincorporated association**, a **charitable organization**, an **unincorporated business** or a **partnership**.

- 2.1- Is the entity a charitable organization registered with the Canada Revenue Agency? Yes No
- a) If **yes**, provide the registration number: _____
- b) If **no**, does the entity solicit donations from the public? Yes No

Entity tax classification

Answer Yes to the question that best describes the entity. **Answer No** to the other 2 questions that do not apply to the entity.

- 2.2- Is the entity a **financial institution***? Yes No

 * A **financial institution** is a depository institution, a custodial institution, an investment entity or a specified insurance company.

a) If **yes**, provide the global intermediary identification number (GIIN):

(If the financial institution does not have a GIIN, explain why in [section 3 – Comments](#).)


b) If **yes**, does the financial institution meet these 3 criteria? Yes No

- It is not a resident of a participating country (see www.cra-arc.gc.ca for a list of participating countries).
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution.

- 2.3- Is the entity an **active non-financial entity**?

- Yes, the entity is a corporation whose shares are regularly traded on an established securities market (e.g., a corporation registered on the Montreal or Toronto Stock Exchange).
- Yes, the entity is a commercial or professional business where **less than 50%** of its gross income comes from passive income (e.g., interest, dividends, capital gains, rent or royalties) and **less than 50%** of its assets generate passive income (e.g., restaurant, retail business, accounting firm).
- Yes, the entity is a government, a central bank or an international organization (or an agency of one).
- Yes, the entity is another type of active non-financial entity not described above (e.g., non-profit organization, a new entity that is in the process of liquidating).
- No

- 2.4- Is the entity a **passive non-financial entity***? Yes No

 ***Passive non-financial entity** refers to an entity where 50% or more of its income is passive income, such as interest, dividends, capital gains, rent or royalties (e.g., formal trust, testamentary trust, certain trust companies).

Controlling “persons” information



 In this section, “person” can mean an **individual**, a **corporation**, a **trust** or **another type of entity**.

Identify all “persons” that own or control 25% or more of the entity. [See the example at the end of this form.](#)



If there is no “person” that owns or controls 25% or more of the entity, you must:

- Explain why in [section 3 – Comments](#) (e.g., ownership is split between 5 shareholders (each owning 20%) and there are 10 directors on the board).
- Fill out this section using the head executive of the entity as the controlling person and indicate their specific role (e.g., president, vice-president of finance).
- Provide supporting documents.

Section 2 - Additional information about the entity (cont'd)

Controlling "person" 3 of the entity (if applicable)	Controlling "person" 4 of the entity (if applicable)
Is this "person" also a director of the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this "person" also a director of the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this "person" an individual? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify the name of the corporation, trust or other type of entity that owns or controls 25% or more of the entity:	Is this "person" an individual? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify the name of the corporation, trust or other type of entity that owns or controls 25% or more of the entity:
 Fill out an Identity Verification Supplementary Form (08295E) for each controlling "person" of the entity that is not an individual. You can skip the other questions about this corporation.	 Fill out an Identity Verification Supplementary Form (08295E) for each controlling "person" of the entity that is not an individual. You can skip the other questions about this corporation.
First name	First name
Last name	Last name
Date of birth (yyyy/mm/dd) Gender <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Other	Date of birth (yyyy/mm/dd) Gender <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Other
Address (No., street, apt.)	Address (No., street, apt.)
City Province/State	City Province/State
Country Postal/Zip code	Country Postal/Zip code
Specific occupation (e.g., building engineer)	Specific occupation (e.g., building engineer)
Specific role (e.g., officer) % shares held	Specific role (e.g., officer) % shares held
Fill out this section if the entity is a passive non-financial entity (see question 2.4) or a financial institution that meets the 3 criteria listed in question 2.2 b).	Fill out this section if the entity is a passive non-financial entity (see question 2.4) or a financial institution that meets the 3 criteria listed in question 2.2 b).

Declaration of tax residence

Country of tax residence 1 or United States citizenship	Country of tax residence 2 or United States citizenship	Country of tax residence 1 or United States citizenship	Country of tax residence 2 or United States citizenship
Check all the options that apply and provide all the requested information. If the declaration is not completed properly, we will not be able to process your request. The individual is: <input type="checkbox"/> a tax resident of Canada. <input type="checkbox"/> a tax resident or citizen of the United States. <input type="checkbox"/> a tax resident of one or more countries other than Canada or the United States.		Check all the options that apply and provide all the requested information. If the declaration is not completed properly, we will not be able to process your request. The individual is: <input type="checkbox"/> a tax resident of Canada. <input type="checkbox"/> a tax resident or citizen of the United States. <input type="checkbox"/> a tax resident of one or more countries other than Canada or the United States.	
 If you checked one of the 2 boxes above, fill out the table below.		 If you checked one of the 2 boxes above, fill out the table below.	
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the individual does not have a TIN, please indicate the reason: <input type="checkbox"/> The individual will apply or has applied for a TIN but has not yet received it. <input type="checkbox"/> The country of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other reason (specify):	If the individual does not have a TIN, please indicate the reason: <input type="checkbox"/> The individual will apply or has applied for a TIN but has not yet received it. <input type="checkbox"/> The country of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other reason (specify):	If the individual does not have a TIN, please indicate the reason: <input type="checkbox"/> The individual will apply or has applied for a TIN but has not yet received it. <input type="checkbox"/> The country of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other reason (specify):	If the individual does not have a TIN, please indicate the reason: <input type="checkbox"/> The individual will apply or has applied for a TIN but has not yet received it. <input type="checkbox"/> The country of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other reason (specify):
If the individual is also a tax resident of Canada, please indicate their social insurance number (SIN) below: <input type="text"/>	If the individual is also a tax resident of Canada, please indicate their social insurance number (SIN) below: <input type="text"/>	If the individual is also a tax resident of Canada, please indicate their social insurance number (SIN) below: <input type="text"/>	If the individual is also a tax resident of Canada, please indicate their social insurance number (SIN) below: <input type="text"/>

Section 2 - Additional information about the entity (cont'd)

Identify all directors of the entity

Note : Fill out only if the director was not identified in the previous table.

First name	Last name	Gender <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)
First name	Last name	Gender <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)
First name	Last name	Gender <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)
First name	Last name	Gender <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)

Section 3 - Comments

Section 4 - Statements and signatures

Statement of signing officer: I am a signing officer of the entity identified in this form and I certify the following:

- The information and documents that I have provided, including those concerning the declaration of tax residence, are accurate and complete. I will notify Desjardins Insurance within **30 days** of any change in circumstances that may render this information inaccurate or incomplete.

Statement of representative: I declare that I have seen the signing officers and that I have duly confirmed their identity.

Signed at (city or town, province)

Name of signing officer 1 (please print)

X

Signature of signing officer 1

Date (yyyy/mm/dd)

Name of signing officer 2, if applicable (please print)

X

Signature of signing officer 2, if applicable

Date (yyyy/mm/dd)

Name of representative or trainee (please print)

X

Signature of representative or trainee

Date (yyyy/mm/dd)

Representative code

Field office code

Email

Name of supervisor (please print)

X

Signature of supervisor

Date (yyyy/mm/dd)



Remember to attach all required documents to this form.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Example : Percentage of ownership or control of an entity

Which “persons” need to be identified in section 2?

Explanation	Example
<p>Step 1</p> <ol style="list-style-type: none"> Any individual, corporation, trust or other entity that owns 25% or more of the entity identified in this form (e.g., 25% or more of a corporation’s shares) ➔ See example on the right: Metal-Teck Inc. Any individual, corporation, trust or other entity that controls 25% or more of the entity identified in this form (e.g., a director on a board <u>with no more than 4 directors</u>) ➔ See example on the right: Louis Martin <p>Step 2</p> <ol style="list-style-type: none"> Any individual, corporation, trust or other entity that owns or controls 25% or more of the entity identified in this form ➔ See example on the right: Metal-Crop Inc. <ul style="list-style-type: none"> Metal-Crop Inc. owns 48.75% of LMG Construction Inc.: $(75 \times 65) / 100 = 48.75\%$ <p>Step 3</p> <ol style="list-style-type: none"> Any individual who owns or controls 25% or more of the entity identified in this form ➔ See example on the right: Michelle Harrison <ul style="list-style-type: none"> Michelle Harrison owns 41.44% of LMG Construction Inc.: $[(85 \times 75) / 100] \times 65\% = 41.44\%$ 	<p>Step 1</p> <p style="text-align: center;">LMG Construction Inc. (entity identified in this form)</p> <pre> graph TD LMG[LMG Construction Inc. (entity identified in this form)] MT[Metal-Teck inc. 65%] LM[Louis Martin 25%] MM[Michael Martin 10%] LMG --> MT LMG --> LM LMG --> MM </pre> <p>Step 2</p> <p style="text-align: center;">Metal-Teck inc.</p> <pre> graph TD MT[Metal-Teck inc.] MC[Metal-Crop inc. 75%] GH[Guy Harrison 25%] MT --> MC MT --> GH </pre> <p>Step 3</p> <p style="text-align: center;">Metal-Crop inc.</p> <pre> graph TD MC[Metal-Crop inc.] AM[Alu-Metal inc. 10%] MH[Michelle Harrison 85%] LH[Luke Harrison 5%] MC --> AM MC --> MH MC --> LH </pre>