Desjardins Insurance
Life • Health • Retirement

Identity Verification Supplementary Form

Life and Health Insurance
1, Complexe Desjardins
Montréal (Québec) H5B 1E2
1-800-278-0669

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-800-278-0669

Individual Savings
1150, rue de Claire-Fontaine
Québec (Québec) G1R 5G4
1-877-647-5435

Guaranteed Investment Funds - Helios
1150, rue de Claire-Fontaine
Québec (Québec) G1R 5G4
1-877-647-5435

Reset | Print

Contract or application number

Desjardins Insurance is required to collect the information requested in this form to issue and maintain a contract for segregated funds, an individual annuity, or life insurance with cash surrender values or a savings component that is held by an entity, such as:

- a **trust** (formal trust, including a testamentary trust or estate);
- a **corporation** (company (Inc.), incorporated association, incorporated business); **or**
- any **other type of entity** (unincorporated association, charitable organization, unincorporated business, partnership).

ⓘ Definition of a term used in this form Document to attach to this form ⚠ Important information

Entity information

Name

Federal business number (all provinces and territories)

Provincial business number (Quebec only)

OR

Federal trust number (all provinces and territories) T - -

Provincial trust number (Quebec only)

Address of entity's head office (No., street, apt.) | City

Province or territory/State | Country | Postal/Zip code

Country of incorporation of entity (if different from the country indicated above) | Description of activities (e.g., property management, car sales)

Declaration of tax residence

Check all the options that apply to the entity and provide all the requested information.
If the declaration is not completed properly, we will not be able to process your request.

☐ The entity is a tax resident of Canada.

☐ The entity is a tax resident of the United States.
☐ The entity is a **specified U.S. person*.**
☐ The entity is a tax resident of one or more countries other than Canada or the United States.

ⓘ ***A specified U.S. person** is:

a) a partnership or corporation organized in the United States or under the laws of the United States or any state thereof;
b) a trust, if one or more United States persons have the authority to control all the trust's substantial decisions; or
c) the estate of a deceased person that is a citizen or resident of the United States.

A specified U.S. person is not:

a) a corporation whose shares are regularly traded on one or more established securities markets;
b) a corporation or a trust that does not have to pay tax under the United States *Internal Revenue Code*.

To find out more about the United States *Internal Revenue Code* or to get a link to the Internal Revenue Service website, go to the Canada Revenue Agency's website at www.cra-arc.gc.ca.

⚠ **If you checked one of the 3 boxes above, fill out the table below.**

Country of tax residence	Taxpayer identification number (TIN)	If the entity does not have a TIN, please indicate the reason.
		☐ The entity will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):
		☐ The entity will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):

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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 or territory/State	City	Province or territory/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

☐ Citizenship card ☐ Driver's licence ☐ Health insurance card*
☐ Passport ☐ Other photo card issued by a government

* Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.

Issuing authority	ID number
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)

Proof that the signing officer is authorized to act on behalf of the entity which must be attached to this form.

☐ Mandate ☐ Power of attorney ☐ Board resolution
☐ 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:

☐ Utility bill
☐ Employment Insurance benefit statement
☐ Statement of Old Age Security
☐ Statement of Canada Pension Plan Benefits
☐ Bank or credit card statement (the statement must not be issued by a caisse or entity of Desjardins Group)
☐ Other document from a reliable source that contains the signing officer's name and address: _____

Name of issuer	
Account or reference number	Date of issue (yyyy/mm/dd)

Verification of identity of signing officer 2

☐ Citizenship card ☐ Driver's licence ☐ Health insurance card*
☐ Passport ☐ Other photo card issued by a government

* Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.

Issuing authority	ID number
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)

Proof that the signing officer is authorized to act on behalf of the entity which must be attached to this form.

☐ Mandate ☐ Power of attorney ☐ Board resolution
☐ 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:

☐ Utility bill
☐ Employment Insurance benefit statement
☐ Statement of Old Age Security
☐ Statement of Canada Pension Plan Benefits
☐ Bank or credit card statement (the statement must not be issued by a caisse or entity of Desjardins Group)
☐ Other document from a reliable source that contains the signing officer's name and address: _____

Name of issuer	
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	☐ Formal trust	☐ Trust contract ☐ Will
B	☐ Estate	☐ Will
C	☐ Company (Inc.) ☐ Incorporated association ☐ Incorporated business	☐ Recent certificate of incorporation ☐ Filing required under securities legislation ☐ GST/HST return ☐ Record from a government registry (e.g., REQ)
D	☐ Unincorporated association ☐ Charitable organization ☐ Unincorporated business ☐ Partnership	☐ Articles of association ☐ Partnership agreement ☐ 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

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Section 1 - Trust information

⚠ Complete this section only if the entity is a **formal trust** or an **estate.**

Identification of trustees

Trustee 1		**Trustee 2 (if applicable)**	
First name		First name	
Last name		Last name	
Date of birth (yyyy/mm/dd)		Date of birth (yyyy/mm/dd)	
Address (No., street, apt.)		Address (No., street, apt.)	
City	Province or territory/State	City	Province or territory/State
Country	Postal/Zip code	Country	Postal/Zip code
Specific occupation (e.g., building engineer)		Specific occupation (e.g., building engineer)	

Declaration of tax residence

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 trustee is:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

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 trustee is:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

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**
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the trustee does not have a TIN, please indicate the reason:	If the trustee does not have a TIN, please indicate the reason:	If the trustee does not have a TIN, please indicate the reason:	If the trustee does not have a TIN, please indicate the reason:
☐ The trustee will apply or has applied for a TIN but has not yet received it.	☐ The trustee will apply or has applied for a TIN but has not yet received it.	☐ The trustee will apply or has applied for a TIN but has not yet received it.	☐ The trustee will apply or has applied for a TIN but has not yet received it.
☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.
☐ Other reason (specify):	☐ Other reason (specify):	☐ Other reason (specify):	☐ Other reason (specify):
If the trustee has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the trustee has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the trustee has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the trustee has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The trustee does not have a Canadian SIN.	☐ The trustee does not have a Canadian SIN.	☐ The trustee does not have a Canadian SIN.	☐ The trustee does not have a Canadian SIN.

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Section 1 – Trust information (cont'd)

Identification of settlors

Settlor 1		Settlor 2 (if applicable)	
First name		First name	
Last name		Last name	
Date of birth (yyyy/mm/dd)		Date of birth (yyyy/mm/dd)	
Address (No., street, apt.)		Address (No., street, apt.)	
City	Province or territory/State	City	Province or territory/State
Country	Postal/Zip code	Country	Postal/Zip code
Specific occupation (e.g., building engineer)		Specific occupation (e.g., building engineer)	

Declaration of tax residence

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 settlor is:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

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
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the settlor does not have a TIN, please indicate the reason:	If the settlor does not have a TIN, please indicate the reason:	If the settlor does not have a TIN, please indicate the reason:	If the settlor does not have a TIN, please indicate the reason:
☐ The settlor will apply or has applied for a TIN but has not yet received it.	☐ The settlor will apply or has applied for a TIN but has not yet received it.	☐ The settlor will apply or has applied for a TIN but has not yet received it.	☐ The settlor will apply or has applied for a TIN but has not yet received it.
☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.
☐ Other reason (specify):	☐ Other reason (specify):	☐ Other reason (specify):	☐ Other reason (specify):
If the settlor has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the settlor has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the settlor has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the settlor has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The settlor does not have a Canadian SIN.	☐ The settlor does not have a Canadian SIN.	☐ The settlor does not have a Canadian SIN.	☐ The settlor does not have a Canadian SIN.

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Section 1 – Trust information (cont'd)

Identification of beneficiaries

Note: If you need more space, use another form and attach it to this one.

Beneficiary 1		**Beneficiary 2 (if applicable)**	
First name		First name	
Last name		Last name	
Date of birth (yyyy/mm/dd)		Date of birth (yyyy/mm/dd)	
Address (No., street, apt.)		Address (No., street, apt.)	
City	Province or territory/State	City	Province or territory/State
Country	Postal/Zip code	Country	Postal/Zip code
Specific occupation (e.g., building engineer)		Specific occupation (e.g., building engineer)	

Declaration of tax residence

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 beneficiary is:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

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**
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the beneficiary does not have a TIN, please indicate the reason:	If the beneficiary does not have a TIN, please indicate the reason:	If the beneficiary does not have a TIN, please indicate the reason:	If the beneficiary does not have a TIN, please indicate the reason:
☐ The beneficiary will apply or has applied for a TIN but has not yet received it.	☐ The beneficiary will apply or has applied for a TIN but has not yet received it.	☐ The beneficiary will apply or has applied for a TIN but has not yet received it.	☐ The beneficiary will apply or has applied for a TIN but has not yet received it.
☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.	☐ The country of tax residence does not issue TINs to its residents.
☐ Other reason (specify):	☐ Other reason (specify):	☐ Other reason (specify):	☐ Other reason (specify):
If the beneficiary has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the beneficiary has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the beneficiary has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the beneficiary has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The beneficiary does not have a Canadian SIN.	☐ The beneficiary does not have a Canadian SIN.	☐ The beneficiary does not have a Canadian SIN.	☐ The beneficiary does not have a Canadian SIN.

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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.

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

Controlling "person" 1 of the entity

Is this "person" also a director of the entity? ☐ Yes ☐ No

Is this "person" an individual?

☐ Yes

☐ 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.

First name	Last name
Date of birth (yyyy/mm/dd)	Gender ☐ Feminine ☐ Masculine ☐ Other
Address (No., street, apt.)	
City	Province or territory/State
Country	Postal/Zip code
Specific occupation (e.g., building engineer)	
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).

Controlling "person" 2 of the entity (if applicable)

Is this "person" also a director of the entity? ☐ Yes ☐ No

Is this "person" an individual?

☐ Yes

☐ 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.

First name	Last name
Date of birth (yyyy/mm/dd)	Gender ☐ Feminine ☐ Masculine ☐ Other
Address (No., street, apt.)	
City	Province or territory/State
Country	Postal/Zip code
Specific occupation (e.g., building engineer)	
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).

Declaration of tax residence

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:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

Country of tax residence 1 or United States citizenship	Country of tax residence 2 or United States citizenship
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the individual does not have a TIN, please indicate the reason:	If the individual does not have a TIN, please indicate the reason:
☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):	☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):
If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The individual does not have a Canadian SIN.	☐ The individual does not have a Canadian SIN.

The individual is:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

Country of tax residence 1 or United States citizenship	Country of tax residence 2 or United States citizenship
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the individual does not have a TIN, please indicate the reason:	If the individual does not have a TIN, please indicate the reason:
☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):	☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):
If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The individual does not have a Canadian SIN.	☐ The individual does not have a Canadian SIN.

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

Controlling "person" 3 of the entity (if applicable)

Is this "person" also a director of the entity? ☐ Yes ☐ No

Is this "person" an individual?

☐ Yes

☐ 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.

First name	Last name
Date of birth (yyyy/mm/dd)	Gender ☐ Feminine ☐ Masculine ☐ Other
Address (No., street, apt.)	
City	Province or territory/State
Country	Postal/Zip code
Specific occupation (e.g., building engineer)	
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).

Controlling "person" 4 of the entity (if applicable)

Is this "person" also a director of the entity? ☐ Yes ☐ No

Is this "person" an individual?

☐ Yes

☐ 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.

First name	Last name
Date of birth (yyyy/mm/dd)	Gender ☐ Feminine ☐ Masculine ☐ Other
Address (No., street, apt.)	
City	Province or territory/State
Country	Postal/Zip code
Specific occupation (e.g., building engineer)	
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).

Declaration of tax residence

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:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

Country of tax residence 1 or United States citizenship	Country of tax residence 2 or United States citizenship
Taxpayer identification number (TIN)	Taxpayer identification number (TIN)
If the individual does not have a TIN, please indicate the reason:	If the individual does not have a TIN, please indicate the reason:
☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):	☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):
If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The individual does not have a Canadian SIN.	☐ The individual does not have a Canadian SIN.

The individual is:

☐ a tax resident of Canada.

☐ a tax resident or citizen of the United States.

☐ 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.**

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☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):	☐ The individual will apply or has applied for a TIN but has not yet received it. ☐ The country of tax residence does not issue TINs to its residents. ☐ Other reason (specify):
If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:	If the individual has a Canadian social insurance number (SIN), or if they had one in the past, you are required to enter it:
☐ The individual does not have a Canadian SIN.	☐ The individual does not have a Canadian SIN.

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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 ☐ Feminine ☐ Masculine ☐ Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)
First name	Last name	Gender ☐ Feminine ☐ Masculine ☐ Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)
First name	Last name	Gender ☐ Feminine ☐ Masculine ☐ Other
Date of birth (yyyy/mm/dd)	Country	Specific occupation (e.g., building engineer)
First name	Last name	Gender ☐ Feminine ☐ Masculine ☐ 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.

Name of signing officer 1	X Signature of signing officer 1	Signed at (city or town, province)	Date (yyyy/mm/dd)
Name of signing officer 2, if applicable	X Signature of signing officer 2	Signed at (city or town, province)	Date (yyyy/mm/dd)
Name of representative or trainee	X Signature of representative or trainee	Signed at (city or town, province)	Date (yyyy/mm/dd)
Representative code	Field office code	Email	
Name of supervisor	X Signature of supervisor	Signed at (city or town, province)	Date (yyyy/mm/dd)

⚠ **Remember to attach all required documents to this form.**

Desjardins
Insurance
Life • Health • Retirement

Example: Percentage of ownership or control of an entity

Which "persons" need to be identified in section 2?

Explanation	Example
Step 1 **1.** 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. **2.** 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 with no more than 4 directors) ➔ See example on the right: Louis Martin **Step 2** **3.** 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. • Metal-Crop Inc. owns 48.75% of LMG Construction Inc.: (75 x 65) / 100 = 48.75% **Step 3** **4.** Any individual who **owns or controls 25% or more** of the entity identified in this form ➔ See example on the right: Michelle Harrison • Michelle Harrison owns 41.44% of LMG Construction Inc.: [(85 x 75) / 100] x 65% = 41.44%	