

Unclaimed Property Request

Prior to releasing funds to any claimant, ivari must be satisfied as to the claimant's identity and entitlement to the funds. Please complete the sections below and provide the following documentation:

- **Proof of identity** – Claimants must provide photocopies of two (2) pieces of non-expired identification, one of which must be a copy of a valid government issued photo I.D. that establishes name, date of birth and signature.
- **Documentation** – Claimants must provide any supporting documentation verifying property identification (for example: a copy of the policy/contract, a statement or confirmation previously received from ivari).

All claims received relating to the unclaimed property will be investigated and if additional information is required, we will communicate with you within five (5) business days upon receipt of this form.

Policy/Account Number: _____

1 Claimant type

Owner	Corporation	Beneficiary(ies)	Subrogated Owner(s) (Only in Quebec)
Estate	Joint Owner(s)	Successor Owner(s)	

2a Claimant 1 information

Mr. Mrs. Ms. Miss Other _____			
First name		Last name	
Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	Email address

2b Verification of identity

Claimants must provide photocopies of two (2) pieces of identification from the available options.

Social Insurance Number (Optional, for tax reporting purposes only)			Date of birth (DD/MM/YYYY)
Driver's licence	Birth certificate	Passport	Canadian citizenship
Age of majority	Canadian Armed Forces identification		
Document numbers		Other (Please specify) _____	
Document numbers		Issuing jurisdiction	

3a Claimant 2 information

Mr. Mrs. Ms. Miss Other _____			
First name		Last name	
Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	Email address

3b Verification of identity

Claimants must provide photocopies of two (2) pieces of identification from the available options.

Social Insurance Number (Optional, for tax reporting purposes only)					Date of birth (DD/MM/YYYY)
Driver's licence	Birth certificate	Passport	Canadian citizenship	Age of majority	
Canadian Armed Forces identification		Other (Please specify) _____			
Document numbers			Issuing jurisdiction		

4 Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at ivari.ca, tells you how ivari will handle your personal information as a Claimant. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the insurance you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

It is optional to provide your Social Insurance Number (SIN) on this form. However, if you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions, if requested in the future (as required by tax legislation). If you decide to provide your SIN, then we may also use it as necessary for the purposes described in this **Privacy Notice** or our Privacy Policy.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees, your family physician or treating medical practitioner; and other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

- 1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on **ivari.ca**.
- 2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.

Signature of **Claimant 1**

Signature of **Claimant 2**

OPTIONS REGARDING YOUR PERSONAL INFORMATION

Promotional communications about ivari products and services you may be eligible

ivari may communicate with you about other ivari products and services that you may be eligible for, using email, text or other electronic means. ivari may retain third-party marketers for the purpose of sending you these promotional communications. If you opt-in to receive these promotional communications, we will disclose only your name, contact information, and current insurance coverage. We will not disclose date of birth or health or financial information.

Claimant 1: Yes No **Claimant 2:** Yes No

You may withdraw your consent to this use of your personal information anytime without affecting your ivari policy.

5 Claimant authorization

I hereby declare that the information provided on this form is true, complete and correctly recorded to the best of our knowledge.

Signature of Claimant 1
(include name and title of the authorized signing officer if Claimant is a corporation)

Name of Claimant 1

Signed at (city) _____ in the province/territory/state of _____ on _____
(DD/MM/YYYY)

Signature of Claimant 2
(include name and title of the authorized signing officer if Claimant is a corporation)

Name of Claimant 2

Signed at (city) _____ in the province/territory/state of _____ on _____
(DD/MM/YYYY)



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970



The fastest and easiest way to send us your completed and signed forms is through our online tool, Send documents on ivari.ca. By using this tool, forms are sent instantly and securely.

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