



General Inquiries: 250-953-3082 Toll free: 1-877-387-3332 Email: ITBTaxQuestions@gov.bc.ca

INSTRUCTIONS

- Complete this form if you are an unlicensed insurance client and you are authorizing an insurance agent to claim a refund on your behalf. An insurance agent may claim a refund on behalf of its clients if any part of the premium is refunded as a result of cancellation or revision of the contract with an unlicensed insurer.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the Insurance Premium Tax Act under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Intergovernmental Relations, PO Box 9444 Stn Prov Govt, Victoria BC V8W 9W8 (telephone: Victoria at 250-387-3332 or toll free at 1-877-387-3332). Email: ITBTaxQuestions@gov.bc.ca

PART 1 - UNLICENSED INSURANCE CLIENT INFORMATION ("the Assignor")

002 FULL LEGAL NAME OF ASSIGNOR
011 MAILING ADDRESS (include street or PO box, city, province and postal code)
020 TELEPHONE NUMBER 024 EMAIL ADDRESS
001 BUSINESS NUMBER (9 digits) 003 ACCOUNT NUMBER (Enter your IPN Account Number, if you have one. If not, enter your PST Account Number)
IPN - OR PST -

PART 2 - INSURANCE AGENT INFORMATION ("the Assignee")

002 FULL LEGAL NAME OF ASSIGNEE
011 MAILING ADDRESS (include street or PO box, city, province and postal code)
020 TELEPHONE NUMBER 024 EMAIL ADDRESS
001 BUSINESS NUMBER (9 digits) 003 ACCOUNT NUMBER
IPN -

PART 3 - REFUND INFORMATION

082 POLICY NUMBER 083 CONTRACT START DATE YYYY / MM / DD 084 TERM (MONTHS)
117 BC PREMIUMS (from original return) 117A BC PREMIUMS (from amended return) 895 REFUND AMOUNT
\$ \$ \$

PART 4 - CERTIFICATION TO THE COMMISSIONER OF INCOME TAX ("the Commissioner")

I, the Assignor, for valuable consideration, assign to the Assignee, all of my rights to request a refund under the Insurance Premium Tax Act and to receive payment of any such refund as outlined in Part 3.

Both the Assignor and the Assignee understand that the Commissioner may require either or both parties to file returns and to provide other documents and information necessary for the Commissioner to verify the validity of the refund claim and to pay or credit any verified amount to the Assignee.

By executing this assignment, the Assignor affirms that the Assignor has neither previously claimed a refund nor taken a credit for the taxes that are subject of this assignment and further affirms that the Assignor will not claim a refund or a credit for those taxes in the future.

946 SIGNATURE OF ASSIGNOR OR AUTHORIZED SIGNING AUTHORITY 950 NAME (type or print) 954 POSITION OR OFFICE (if applicable) 955 DATE SIGNED YYYY / MM / DD
X