

SAMPLE**About This Form**

This form may be used by people who are qualified to claim an exemption from Retail Sales Tax on contracts of insurance or benefits plans. If you have questions about the use of this form contact the Ministry of Finance at 1 866 ONT-TAXS (1 866 668-8297) or visit ontario.ca/contactfinance

Important

The person entering into a contract of insurance or benefits plan for which an exemption is claimed must provide a Purchase Exemption Certificate to the vendor. The vendor is to keep this form as stated in section 16(3.1) of the *Retail Sales Tax Act*, and in sections 21 and 22 of Regulation 1012 under the *Retail Sales Tax Act*.

Anyone who makes a false statement on or misuses a Purchase Exemption Certificate is liable, if convicted, to a fine (not less than \$1,000 and not more than double the amount of the tax that should have been paid) or to imprisonment (for a term of not more than two years), or both.

Information

Legal Name	Date (yyyy/mm/dd)
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Address			
Unit Number	Street Number	Street Name	PO Box
City/Town	Province		Postal Code

Name of Person Authorized to enter into the contract of insurance or benefits plan (if a Business)		
Last Name	First Name	Vendor Permit number (if applicable)

Reason for Claiming Exemption

I am claiming the following exemption from Ontario Retail Sales Tax pursuant to paragraphs 3, 4 or 6 of subsection 6(2) of Regulation 1012 under the *Retail Sales Tax Act* upon entering into a contract of insurance or with regard to a benefits plan

For Reference

Policy Number	Plan Number
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