

## Client Authorization For Cash Disbursement Banking Information

USE THIS FORM TO ADD/REMOVE CASH DISBURSEMENT BANKING INFORMATION

. CLIENT INFORMATION (Please use separate forms if adding	g more than one joint account holder)
CLIENT NAME (LAST)	(FIRST)
L CLIENT NAME (LAST)	(FIRST)
ACCOUNT NUMBER ACCOUNT NUMBER	ACCOUNT NUMBER ACCOUNT NUMBER
L           DEALER NUMBER FINANCIAL ADVISOR NUMBER	
2. ADD BANKING INFORMATION (Please use separate forms	if adding more than one)
BANK NAME	
L BRANCH ADDRESS (STREET ADDRESS & CITY)	PROVINCE POSTAL CODE
BANK NUMBER BANK TRANSIT NUMBER BANK ACCOUNT NUMBER	
NOTES:  • Attach a VOID cheque.  • Only Canadian financial institutions.  • No third party – name on cheque must match name on registered or investment a	ccount.
. REMOVE BANKING INFORMATION (Please attach a list if re	emoving more than one)
L BANK NAME (CANADIAN BANKS ONLY)	
BRANCH ADDRESS (STREET ADDRESS & CITY)	PROVINCE POSTAL CODE
BANK NUMBER BANK TRANSIT NUMBER BANK ACCOUNT NUMBER	
. CLIENT AUTHORIZATION	
I/We,CLIENT(S) NAME(S)	, authorizeBANK NAME
to confirm my/our transit and account number(s) only for my/our banking information with B2 Banking Information form, I/We have agreed to allow B2B Bank Dealer Services to retain my/o	B Bank Dealer Services. In addition, by signing this Client Authorization for Cash Disbursement bur transit and account number(s) for future deregistration/redemption purposes.
CLIENT SIGNATURE	DATE (mm/dd/yyyy)
CLIENT SIGNATURE	
<b>X</b>	
FINANCIAL ADVISOR/DEALER SIGNATURE	DATE (mm/dd/yyyy)

Please fax completed form to (416) 413-0733

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