

USE THIS FORM TO CONFIRM/CORRECT CLIENT BANKING INFORMATION

1. CLIENT INFORMATION

| | | |
|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CLIENT NAME (LAST) | (FIRST) | B2BBSSI ACCOUNT NUMBER |
| <input type="text"/> | <input type="text"/> | |
| CLIENT NAME (LAST) | (FIRST) | |

2. BANKING INFORMATION – Attach a void cheque and complete information

| | | |
|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| BANK NUMBER | BANK TRANSIT NUMBER | BANK ACCOUNT NUMBER |
| <input type="text"/> | <input type="text"/> | |
| BANK NAME | BRANCH LOCATION | |
| <input type="text"/> | <input type="text"/> | |
| BANK TELEPHONE NUMBER | BANK FAX NUMBER | |

3. CLIENT BANKING AUTHORIZATION

I/We, _____, authorize _____

CLIENT(S) NAME(S) BANK NAME

to confirm to B2B Bank Securities Services Inc. our bank transit number and account number only.

| | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| CLIENT SIGNATURE | CLIENT SIGNATURE |
| <input type="text"/> | <input type="text"/> |
| M M D D Y Y Y Y | M M D D Y Y Y Y |

4. BANK BRANCH CONFIRMATION – Bank administrator only

B2B Bank Securities Services Inc. (B2BBSSI) is required by the Canadian Investment Regulatory Organization (CIRO) to confirm that the banking reference on our client's application corresponds to the reference on file at the financial institution.

Simply circle Yes or No and return this form to the following fax number: 416-413-0733.

Do the transit and account numbers shown above belong to the client indicated above?

YES / NO



JENNIFER VACHON, VICE PRESIDENT, OPERATIONS

199 Bay Street, Suite 610 PO Box 35 STN Commerce Court Toronto ON M5L 0A3