



# Know Your Client (KYC) Change Form

(This form is for use only with B2B Bank Financial Services Inc. ("B2BBFSI") accounts)

## 1. APPLICANT/ANNUITANT INFORMATION

ACCOUNT NUMBER \_\_\_\_\_ (Check one)  INVESTMENT  REGISTERED  TFSA

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIALS \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

RESIDENCE TELEPHONE NUMBER \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_ COUNTRY\* \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

# OF DEPENDANTS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ LANGUAGE PREFERENCE:  ENGLISH  FRENCH

EMPLOYER'S ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

INDUSTRY/TYPE OF BUSINESS (examples: entertainment, food service) \_\_\_\_\_ EMPLOYER'S PHONE NUMBER \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_ STATUS (examples: employed, unemployed, retired, student, never worked)

DETAILED OCCUPATION (examples: actor, cook) \_\_\_\_\_ \*If status is either Retired or Unemployed please provide previous Industry/Type of Business and Detailed occupation.

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or

(ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Is the Applicant a PEFP or is the Applicant a PEFP because the Applicant is a PFM of a PEFP or is the Applicant closely associated, for personal or business reasons, with a PEFP?  NO  YES

Is the Applicant a PEDP or is the Applicant a PEDP because the Applicant is a PFM of a PEDP or is the Applicant closely associated, for personal or business reasons, with a PEDP?  NO  YES

Is the Applicant a HIO or is the Applicant a HIO because the Applicant is a PFM of a HIO or is the Applicant closely associated, for personal or business reasons, with a HIO?  NO  YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

## 2. CO-APPLICANT INFORMATION

Check box if separate sheet attached with additional applicants  
Is the Co-Applicant the spouse/common law partner of the Applicant?  NO  YES

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIALS \_\_\_\_\_

Address:  Same as Applicant, or  
ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

RESIDENCE TELEPHONE NUMBER \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_ COUNTRY\* \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

# OF DEPENDANTS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYER'S PHONE NUMBER \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

\* Any person who resides outside Canada is required to provide proof of citizenship

INDUSTRY/TYPE OF BUSINESS (examples: entertainment, food service)

STATUS (examples: employed, unemployed, retired, student, never worked) \*If status is either Retired or Unemployed please provide previous Industry/Type of Business and Detailed occupation.

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION

DETAILED OCCUPATION (examples: actor, cook)

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Is the Co-Applicant a PEFP or is the Co-Applicant a PEFP because the Co-Applicant is a PFM of a PEFP or is the Co-Applicant closely associated, for personal or business reasons, with a PEFP?  NO  YES

Is the Co-Applicant a PEDP or is the Co-Applicant a PEDP because the Co-Applicant is a PFM of a PEDP or is the Co-Applicant closely associated, for personal or business reasons, with a PEDP?  NO  YES

Is the Co-Applicant a HIO or is the Co-Applicant a HIO because the Co-Applicant is a PFM of a HIO or is the Co-Applicant closely associated, for personal or business reasons, with a HIO?  NO  YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

3. SPOUSAL INFORMATION

Applicant/Annuitant Information (Complete if spouse is not a Co-Applicant) Do you have a spouse/common law partner? If yes, complete this section

NO  YES

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME

FIRST NAME

Address:  Same as Applicant/Annuitant, or

ADDRESS APT.

CITY PROVINCE POSTAL CODE

COUNTRY CITIZENSHIP

DATE OF BIRTH (mm/dd/yyyy) SOCIAL INSURANCE NUMBER

EMPLOYER'S NAME

EMPLOYER'S PHONE NUMBER YEARS WITH EMPLOYER

EMPLOYER'S ADDRESS APT.

CITY PROVINCE POSTAL CODE

INDUSTRY/TYPE OF BUSINESS (examples: entertainment, food service)

STATUS (examples: employed, unemployed, retired, student, never worked) \*If status is either Retired or Unemployed please provide previous Industry/Type of Business and Detailed occupation.

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION

DETAILED OCCUPATION (examples: actor, cook)

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

**Co-Applicant's Information (Complete if Co-Applicant is not Applicant's spouse)**

Do you have a spouse/common law partner? If yes, complete this section  NO  YES

Check box if separate sheet attached with information on additional co-applicants.

1-MR. 2-MRS.  
 3-MISS 4-MS.  
 5-DR. 6-PROF. \_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 FIRST NAME

Address:  Same as Co-Applicant, or

\_\_\_\_\_  
 ADDRESS APT.

\_\_\_\_\_  
 CITY PROVINCE POSTAL CODE

\_\_\_\_\_  
 COUNTRY CITIZENSHIP

\_\_\_\_\_  
 DATE OF BIRTH (mm/dd/yyyy) SOCIAL INSURANCE NUMBER

\_\_\_\_\_  
 EMPLOYER'S NAME

\_\_\_\_\_  
 EMPLOYER'S PHONE NUMBER YEARS WITH EMPLOYER

\_\_\_\_\_  
 EMPLOYER'S ADDRESS APT.

\_\_\_\_\_  
 CITY PROVINCE POSTAL CODE

\_\_\_\_\_  
 INDUSTRY/TYPE OF BUSINESS (examples: entertainment, food service)

\_\_\_\_\_  
 STATUS (examples: employed, unemployed, retired, student, never worked)  
 \*If status is either Retired or Unemployed please provide previous Industry/Type of Business and Detailed occupation.

\_\_\_\_\_  
 NATURE OF PRINCIPAL BUSINESS OR OCCUPATION

\_\_\_\_\_  
 DETAILED OCCUPATION (examples: actor, cook)

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or  
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

Do you: (i) beneficially own; or  
 (ii) have control or direction over; or  
 (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

**4. FINANCIAL INFORMATION AND INVESTMENT EXPERIENCE**

Include information on you, your Co-Applicant(s) and your spouse(s). For non-personal accounts, include information on the company or organization.

**a) Gross annual income from all sources:**

\$0-\$24,999  \$25,000-\$49,999  \$50,000-\$99,999  
 \$100,000-\$149,999  \$150,000+

**b) Estimated liquid assets: (bank accounts, T-Bills, and other assets that can be readily converted to cash without risk of loss or penalty.)**

\$0-\$24,999  \$25,000-\$49,999  \$50,000-\$99,999  
 \$100,000-\$149,999  \$150,000+

**c) Estimated fixed assets: (the value of all your fixed assets including real estate, securities.)**

\$0-\$24,999  \$25,000-\$74,999  \$75,000-\$149,999  
 \$150,000-\$299,999  \$300,000+

**d) Estimated financial obligations (i.e. All debts including mortgages)**

\$0-\$24,999  \$25,000-\$74,999  \$75,000-\$149,999  
 \$150,000-\$299,999  \$300,000+

**e) Estimated net worth: (e = b + c - d)**

\$0-\$24,999  \$25,000-\$74,999  \$75,000-\$149,999  
 \$150,000-\$299,999  \$300,000+

**f) Applicant/Annuitant's investment knowledge:**

Low  Low-Medium  Medium  Medium-High  High

**g) Co-Applicant's investment knowledge:**

Low  Low-Medium  Medium  Medium-High  High

**h) Investment Time Horizon:**

Less than 1 year  1 year to less than 3 years  
 3 years to less than 5 years  5 years to less than 10 years  
 10 years or more

**i) In the short term, how likely is it that you will need to withdraw the investments in this account in whole or in part to meet financial obligations?**

None  
 Low - I am confident that I can face any unexpected financial obligations without using the investments in this account.  
 Medium - I may require using investments in this account for any unexpected financial obligations.  
 High - I probably will require using investments in this account for any unexpected financial obligations.

**j) Will a leveraging strategy or borrowing to finance the purchase of investments be used in this account?**

Yes  No

**k) List investment objectives:**

\_\_\_\_\_ % Liquidity  
 \_\_\_\_\_ % Safety/Capital Preservation  
 \_\_\_\_\_ % Income  
 \_\_\_\_\_ % Long-term Growth  
 \_\_\_\_\_ % Short-term Trading  
 \_\_\_\_\_ % Speculative  
 \_\_\_\_\_ % Inflation Hedging  
 = 100 %

**l) Risk profile:**

Low  Low-Medium  Medium  Medium-High  High

---

## 5. ACCOUNT INFORMATION

- a) Is this Account to be used by or on behalf of a third party(ies)?  
This includes a person who has a financial interest in the Account or who exerts control over the assets in the Account.  NO  YES  
If yes, please complete and attach the supplemental form – Third Party Determination Statement.
- b) Does anyone other than you, the Applicant(s)/Annuitant, have any financial interest in this account?  NO  YES  
(If yes, name the party \_\_\_\_\_)
- c) Do you have any accounts with other brokerage firms?  NO  YES  
Account type(s): \_\_\_\_\_
- d) Do you, the Applicant(s)/Annuitant, control the trading in any other B2BBFSI accounts? (If yes, indicate account numbers below):  NO  YES  
Account # \_\_\_\_\_ Account # \_\_\_\_\_

---

## 6. SHAREHOLDER COMMUNICATION INFORMATION

I agree that the choices indicated by me apply to all of the securities held in the account.

### Part 1 – Receiving Security Holder Materials

Please mark the corresponding box to show whether you WANT to receive ALL materials sent to beneficial owners of securities, or whether you DECLINE to receive both proxy-related materials for meetings at which only routine business is to be conducted, and materials sent to security holders that are not required by corporate securities law to be sent.

- I WANT to receive ALL security holder materials sent to beneficial owners of securities.
- I DECLINE to receive proxy-related materials for meetings at which only routine business to be conducted, and materials sent to security holders that are not required by corporate or securities law to be sent.  
(Note that the above instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer.)

### Part 2 – Disclosure of Beneficial Ownership Information

Please mark the corresponding box to show whether you DO NOT OBJECT to us disclosing your name, address and securities holdings to issuers of securities you hold with us and to other persons or companies in accordance with securities law. If you indicate that you OBJECT, we are entitled to charge you the reasonable costs incurred by us to forward security holder materials to you in accordance with securities law.

- I DO NOT OBJECT to you disclosing the information described above.
- I OBJECT to you disclosing the information described above.

---

## 7. CHANGE AUTHORIZATION

DEALER # \_\_\_\_\_ ADVISOR # \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
SIGNATURE OF APPLICANT/ANNUITANT DATE (mm/dd/yyyy) SIGNATURE OF FINANCIAL ADVISOR DATE (mm/dd/yyyy)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
SIGNATURE OF CO-APPLICANT DATE (mm/dd/yyyy) BRANCH MANAGER APPROVAL DATE (mm/dd/yyyy)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
PARTNER'S OR DIRECTOR'S ACCEPTANCE DATE (mm/dd/yyyy)