



Know Your Client (KYC) Change Form

(This form is for use only with B2B Bank Securities Services Inc. ("B2BSSI") 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 _____

* Any person who resides outside Canada is required to provide proof of citizenship. Contributions to a tax-free savings account by non-residents of Canada are subject to tax.

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)
*If status is either Retired or Unemployed please provide previous Industry/Type of Business and Detailed occupation.

DETAILED OCCUPATION (examples: actor, cook) _____

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 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): _____

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 _____

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

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):

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 B2BBSSI 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 _____
SIGNATURE OF APPLICANT/ANNUITANT DATE (mm/dd/yyyy)

X _____
SIGNATURE OF FINANCIAL ADVISOR DATE (mm/dd/yyyy)

X _____
SIGNATURE OF CO-APPLICANT DATE (mm/dd/yyyy)

X _____
BRANCH MANAGER APPROVAL DATE (mm/dd/yyyy)

X _____
PARTNER'S OR DIRECTOR'S ACCEPTANCE DATE (mm/dd/yyyy)