

Know Your Client (KYC) Change Form

(This form is for use only with B2B Bank Securities Services Inc. ("B2BBSSI") accounts)

1. APPLICANT/ANNUITANT INFORMATION				
ACCOUNT NUMBER	(Check one)	IVESTMENT L REG	SISTERED	∐ TFS
1–MR. 2–MRS. 3–MISS 4–MS.	1	1 1		ı
5–DR. 6–PROF. LAST NAME	FIRST NAME	I	NITIALS	
	1	I	1 1	1
ADDRESS APT.	CITY	PROVINCE	POSTAL	CODE
	1			1
RESIDENCE TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER	COUNTRY*	CITIZENSHIP		
MAILING ADDRESS IF DIFFERENT FROM ABOVE APT.	CITY	PROVINCE	POSTAL	CODE
	* Any person who resides outside Canada is req	uired to provide proof of citizens	hip.	
# OF DEPENDANTS E-MAIL ADDRESS	Contributions to a tax-free savings account by			
EMPLOYED: A NAME	LANGUAGE PREFERENCE: ENGL	SH FRENCH		
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS	TYPE OF BUSINESS	\YE	ARS WITH EN	MPLOYER
			1 1	
NATURE OF PRINCIPAL BUSINESS OR OCCUPATION	CITY	PROVINCE	POSTAL	CODE
	Do you: (i) beneficially own; or			
Are you designated as a Pro (licensed to sell securities)?	(ii) have control or direction or			
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	(iii) have a combination of ben	eficial ownership of, and co ities of an Issuer carrying m		
exchange or an over-the-counter market) (an "Issuer"); or		I of the Issuer's outstanding		
(ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer? NO YES			□ NO	☐ YES
, and a res	If yes, please list the Issuer(s):			
If yes, please list the Issuer(s):				_
	Do you or as part of a group, hold or contr	ol an Issuer?	∐ NO	☐ YES
	If yes, please list the Issuer(s):_			
personal or business reasons, with a PEFP? Is the Applicant a PEDP or is the Applicant a PEDP because the Applicant is a PFM personal or business reasons, with a PEDP? Is the Applicant a HIO or is the Applicant a HIO because the Applicant is a PFM of a business reasons, with a HIO?			□ NO	☐ YES☐ YES☐
If the answer is "yes" to at least one question, please complete and attach the supple Person or Head of an International Organization Statement.	emental form - Politically Exposed Forei	gn or Domestic		
2. CO-APPLICANT INFORMATION Check box if sepal is the Co-Applicant to 1-MR. 2-MRS.	rate sheet attached with additi he spouse/common law partne	onal applicants er of the Applicant?	□ NO	☐ YES
3-MISS 4-MS.				
5-DR. 6-PROF. LAST NAME	FIRST NAME	I	NITIALS	
Address: Same as Applicant, or				
ADDRESS	CITY	DDOVING5		
ADDRESS APT.	CITY	PROVINCE	POSTAL	CODE
DESIDENCE TELEDHONE NUMBED DUSINESS TELEDHONE NUMBED	COUNTRY*	CITIZENSHIP		
RESIDENCE TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER	COUNTRY* * Any person who resides outside Canada is req	CITIZENSHIP uired to provide proof of citizens	hin	
# OF DEPENDANTS E-MAIL ADDRESS		asa to provide proof of chizeris	p	
# OF DEL FINDRATO F-INIVIEVONESS				
EMPLOYER'S NAME	TYPE OF BUSINESS	VE	ARS WITH EN	MPI OVER
LIVIP LOTER STANIE	TIFE OF BOSINESS		AKS WITH LI	WIFLOTLIK
EMPLOYER'S ADDRESS	CITY	PROVINCE	POSTAL	CODE
		-		*
NATURE OF PRINCIPAL BUSINESS OR OCCUPATION	Do you: (i) beneficially own; or			
	(ii) have control or direction or		ntral or direct	on over
Are you designated as a Pro (licensed to sell securities)?		eticial ownership of, and co- ities of an Issuer carrying m I of the Issuer's outstanding	ore than 10%	of the
	If yes, please list the Issuer(s):			

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?	Do you or as part of a group, hold or control an Issuer? If yes, please list the Issuer(s):	□ NO □ YES
If yes, please list the Issuer(s):		
s the Co-Applicant a PEFP or is the Co-Applicant a PEFP because the Co-Applican associated, for personal or business reasons, with a PEFP?	t is a PFM of a PEFP or is the Co-Applicant closely	□ NO □ YES
s the Co-Applicant a PEDP or is the Co-Applicant a PEDP because the Co-Applicar associated, for personal or business reasons, with a PEDP?	nt is a PFM of a PEDP or is the Co-Applicant closely	□ NO □ YES
s the Co-Applicant a HIO or is the Co-Applicant a HIO because the Co-Applicant is personal or business reasons, with a HIO?	a PFM of a HIO or is the Co-Applicant closely associated, for	□ NO □ YES
f the answer is "yes" to at least one question, please complete and attach the supple Person or Head of an International Organization Statement.	mental form - Politically Exposed Foreign or Domestic	2 10 2 120
3. SPOUSAL INFORMATION Applicant/Annuitant Inform Do you have a spouse/com 1-MR. 2-MRS. 3-MISS 4-MS.	nation (Complete if spouse is not a Co-Applicant) mon law partner? If yes, complete this section	NO ☐ YES
5-DR. 6-PROF. LAST NAME	L FIRST NAME	
Address: Same as Applicant/Annuitant, or		
ADDRESS APT.	CITY PROVINCE	POSTAL CODE
		I
COUNTRY CITIZENSHIP	DATE OF BIRTH (mm/dd/yyyy) SOCIAL INSURANCE N	IUMBER
MPLOYER'S NAME	EMPLOYER'S ADDRESS	
	1	I
TYPE OF BUSINESS YEARS WITH EMPLOYER	NATURE OF PRINCIPAL BUSINESS OR OCCUPATION	
Are you designated as a Pro (licensed to sell securities)?	Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and of directly or indirectly, securities of an Issuer carrying	
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	voting rights attached to all of the Issuer's outstanding	
subsidiary of such Issuer?	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 Appli Do you have a spouse/common law partner? If yes, complete this 1-MR. 2-MRS. 3-MISS 4-MS.	icant's spouse)	
5-DR. 6-PROF. LAST NAME	L FIRST NAME	
Address: 🗌 Same as Co-Applicant, or		
ADDRESS APT.	CITY PROVINCE	POSTAL CODE
AFI.	I I I	FOSTAL CODE
COUNTRY CITIZENSHIP	DATE OF BIRTH (mm/dd/yyyy) SOCIAL INSURANCE N	IUMBER
AND OVER 20 NAME	EMPLOYED'S ADDDESS	
MPLOYER'S NAME	EMPLOYER'S ADDRESS	1
TYPE OF BUSINESS YEARS WITH EMPLOYER	NATURE OF PRINCIPAL BUSINESS OR OCCUPATION	
are you designated as a Pro (licensed to sell securities)?	Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and o	
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	directly or indirectly, securities of an Issuer carrying voting rights attached to all of the Issuer's outstanding the Is	more than 10% of the ng voting securities?
(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
, 500, product not the record (d).	If yes, please list the Issuer(s):	

4.	FINANCIAL INFORMATION AND INVE	STMENT EXPER	ΙΕΝ	CE			
Inc	clude information on you, your Co-Applicant(s) and y	our spouse(s). For non-	pers	onal accounts, include informati	on on the compa	ny or organization.	
a)	Gross annual income from all sources:		g)	Time Horizon:			
	□ \$0-\$24,999 □ \$25,000-\$49,999 □ \$100,000-\$149,999 □ \$150,000+	\$50,000-\$99,999		Less than 1 year 3 years to less than 5 years	☐ 1 year to less than 3 years ☐ 5 years to less than 10 years		
b)	Estimated net liquid assets: (bank accounts, T-Bills can be readily converted to cash without risk of los		h)	10 years or more Risk tolerance:			
		\$50,000-\$99,999	11)	Low Low-Moderate	Moderate	Moderate-High ☐ High	
	\$100,000-\$149,999 \$150,000+	φου,σου φου,σου	:\		Moderate	Moderate-riigii 🔲 riigii	
c)	Estimated net fixed assets: (the value of all your fix real estate, securities, less all of your debts including		i)	List investment objectives:		6 Liquidity	
	\$0-\$24,999 \$25,000-\$74,999 \$150,000-\$299,999 \$300,000+	\$75,000-\$149,999		-	0	6 Safety	
۹)	Estimated net worth: (d = b + c)			-			
u)		\$75,000-\$149,999		-		3	
	\$150,000-\$299,999 \$300,000+	*···,····		-		9	
e)	Applicant/Annuitant's investment knowledge:			-		6 Speculative	
	☐ Low ☐ Low-Moderate ☐ Moderate ☐ Mo	oderate-High High			100	6 Inflation Hedging	
f)	Co-Applicant's investment knowledge:			=-	100 %	6	
	☐ Low ☐ Low-Moderate ☐ Moderate ☐ Mo	oderate-High High					
5.	ACCOUNT INFORMATION						
a)	Is this Account to be used by or on behalf of a third party(ies)?	>	c)	Do you have any accounts with other	orokerage firms?	□ NO □ YES	
/	This includes a person who has a financial interest in the Account or who exerts control over the assets in the Account.	□ NO □ YES	-,	,,	g		
	If yes, please complete and attach the supplemental form –	L NO L TES		Account type(s):			
	Third Party Determination Statement.		d)	Do you, the Applicant(s)/Annuitant, co	ntrol the trading in a	any	
b)	Does anyone other than you, the Applicant(s)/Annuitant, have any financial interest in this account?	□ NO □ YES		other B2BBSSI accounts? (If yes, indi	cate account numb	ers below): 🔲 NO 🔲 YES	
	(If yes, name the party	_)		Account #	Account	<u></u>	
6	SHAREHOLDER COMMUNICATION II	NEORMATION					
	gree that the choices indicated by me apply to all of the securitie	es held in the account.					
	rt I – Receiving Security Holder Materials ase mark the corresponding box to show whether you WANT to	o roccivo ALL materials cont	to hou	policial owners of socurities, or whether	you DECLINE to re	caive both provy related	
	terials for meetings at which only routine business is to be cond						
	I WANT to receive ALL security holder materials sent to benefit	ficial owners of securities.					
	I DECLINE to receive proxy-related materials for meetings at securities law to be sent.	which only routine business	to be	conducted, and materials sent to securit	y holders that are n	ot required by corporate or	
	(Note that the above instructions do not apply to any specific reporting issuer.)	request you give or may have	giver	n to a reporting issuer concerning the se	nding of interim fina	ancial statements of the	
Pa	rt 2 – Disclosure of Beneficial Ownership Information						
oth	ease mark the corresponding box to show whether you DO NOT er persons or companies in accordance with securities law. If y terials to you in accordance with securities law.						
	I DO NOT OBJECT to you disclosing the information describe	ed above.					
	$\ensuremath{\mathbf{I}}$ $\ensuremath{\mathbf{OBJECT}}$ to you disclosing the information described above.						
_							
7.	CHANGE AUTHORIZATION						
DE	ALER # ADVISOR #						
X	ONATURE OF ARRUS AND INC.	DATE ()	X		ND.	DATE () ()	
SIC	GNATURE OF APPLICANT/ANNUITANT	DATE (mm/dd/yyyy)	SI	GNATURE OF FINANCIAL ADVISC	איג	DATE (mm/dd/yyyy)	
v			v				
X SIG	GNATURE OF CO-APPLICANT	DATE (mm/dd/yyyy)	<u>X</u> BF	RANCH MANAGER APPROVAL		DATE (mm/dd/yyyy)	
510	S SILE OF GO IN FEIGURE	Drift = (Illin/QQ/yyyy)	٥,			(, 33/))))	
			Х				
			_	RTNER'S OR DIRECTOR'S ACCE	PTANCE	DATE (mm/dd/yyyy)	

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