



# Third Party Determination Statement

The purpose of this form is to collect information which securities dealers are required by law to obtain under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act before opening an account.

A separate Third Party Determination Statement must be completed for each third party.

Client Name: \_\_\_\_\_ (“Client”)

Joint Client Name: \_\_\_\_\_ (“Joint Client”)

Account No. (if known): \_\_\_\_\_ (“Account”)

My/Our Dealer Name: \_\_\_\_\_ (“Dealer”)

Third Party Information is required if this Account is 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 such as having a Power of Attorney over this Account.

### Third Party Identification

Third party name (Individual or Company)		Third party date of birth (mm/dd/yyyy) (Individual)	
Third party full address (street # and name, apt. #) (not only a P.O. Box number)			
City	Province	Postal code	
Third party country of residence		Third party citizenship	
Third party residence telephone number ( )	Third party cell telephone number ( )	Third party business telephone number ( )	
Third party employer name			Years with employer
Third party employer address			
City	Province	Postal code	
Third party employer telephone number ( )	Third party status (examples: employed, unemployed, retired, student, never worked) <small>*If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.</small>		
Third party Industry/Type of business (examples: entertainment, food service)		Third party detailed occupation (examples: actor, cook)	
Relationship between client and third party			
<b>In addition, complete the following information if the third party is a corporation:</b>			
Incorporation Certificate number		Certificate place of issue (Province/Territory, State/Country)	

**To: My/Our Dealer**

By signing below and with respect to the Account application form to which this Third Party Determination Statement is attached or is related to, I/we declare the foregoing information to be true and complete and I/we undertake to promptly advise my/our Dealer in writing of any change in the above information.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Joint Client Name

\_\_\_\_\_  
Joint Client Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Third Party Name

\_\_\_\_\_  
Third Party Signature

**Dealer Use**

Received, reviewed and complete.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of Individual completing review

\_\_\_\_\_  
Signature

**NOTE TO DEALERS AND FINANCIAL ADVISORS**

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