



Trust/Other Entity Information Statement

(not for use by a corporation)

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 and by the By-laws, Regulations and Rules of the self-regulatory organizations governing securities dealers when opening an account.

1. Trust/Other Entity Name: _____ ("Entity")
2. Account No. (if known): _____ ("Account")
3. Our Dealer Name: _____ ("Dealer")
4. If the Entity is a trust, the names of all of the settlors of the trust are as set out below:

SETTLOR A Name: _____

SETTLOR B Name: _____

*for additional Settlers please attach additional sheets as required.

For each Settlor listed above, please complete and attach a Trust/Other Entity Beneficial Ownership Information Statement form.

5. Attached is a copy of the Entity's trust deed, will for estate accounts, partnership agreement, articles of association or equivalent document.
6. Names of all Trustees if different than Settlers are listed below:

TRUSTEE A Name: _____

TRUSTEE B Name: _____

*for additional Trustee names please attach additional sheets as required.

For each Trustee listed above, please complete and attach a Trust/Other Entity Beneficial Ownership Information Statement form.

7. The following individual(s) listed:
 - (a) own or control, directly or indirectly, more than 10% of the Entity.
 - (b) exercise control over the affairs of the partnership or trust (if the Entity is a partnership or a trust)
 - (c) are beneficiaries of the Entity (if the Entity is a trust)

Attach additional sheets if required.

Please consult your financial advisor for instructions with respect to the determination of the beneficial ownership or control of the Entity held indirectly through one or more corporations or other entities.

For each individual identified below, please complete and attach a Trust/Other Entity Beneficial Ownership Information Statement.

INDIVIDUAL A

Name: _____ % Ownership/Control Beneficiary: _____ %

In the case of a partnership or trust, does the individual exercise control over its affairs?

☐ Yes ☐ No

INDIVIDUAL B

Name: _____ % Ownership/Control Beneficiary: _____ %

In the case of a partnership or trust, does the individual exercise control over its affairs?

☐ Yes ☐ No

INDIVIDUAL C

Name: _____ % Ownership/Control Beneficiary: _____ %

In the case of a partnership or trust, does the individual exercise control over its affairs?

☐ Yes ☐ No

*for additional names please attach additional sheets as required.

8. (a) Our Dealer is a member of the Investment Industry Regulatory Organization of Canada.

☐ Yes ☐ No If No, please go to section 9.

- (b) If section 8(a) is Yes, the Entity is exempt from the Investment Industry Regulatory Organization of Canada requirements to verify the identity of the settlor(s) and individuals owning or controlling, directly or indirectly, more than 10% of the Entity:

☐ Yes ☐ No

- (c) If section 8(b) is Yes, which of the following reasons apply:

☐ The Entity is a testamentary trust.

☐ The Entity is or is an affiliate of a bank, trust or loan company, credit union, caisse populaire, insurance company, mutual fund, mutual fund management company, pension fund, securities dealer or broker, investment manager or similar financial institution subject to a satisfactory regulatory regime in the country in which it is located.

☐ The securities of the Entity or an affiliate of the Entity are publicly traded.

NOTE: Each individual identified in section 4, section 6 and section 7 must complete a Trust/Other Entity Beneficial Ownership Information Statement.

If sections 8(a) and (b) are Yes, their identity does not need to be verified.

If section 8(a) is Yes and section 8(b) is No, their identity must be verified.

If section 8(a) is No, their identity must be verified.

9. The Entity is a not-for-profit organization:

☐ Yes ☐ No

If Yes: (a) the Entity is a charity registered with Canada Revenue Agency and, if yes,

the Entity's charitable registration number is _____ ; or, if not

(b) the Entity is an organization that solicits charitable financial donations from the public: ☐ Yes ☐ No

To: Dealer

By signing below and with respect to the Account application form to which this Trust/Other Entity Information Statement is attached or is related to, I declare that I am authorized to make this Trust/Other Entity Information Statement on behalf of the above-noted Entity and the foregoing information to be true and complete and the Entity undertakes to promptly advise the Dealer in writing of any change in the above information.

Date (mm/dd/yyyy)

Name

Title

Signature

I have authority to bind the Entity.

Dealer Use

Received, reviewed and complete.

If the Dealer is a member of the Mutual Fund Dealers Association of Canada, individual settlors/beneficial owners MUST have their identity verified.

If the Dealer is a member of the Investment Industry Regulatory Organization of Canada, do the individual settlors/beneficial owners need to have their identity verified: ☐ Yes ☐ No

Date (mm/dd/yyyy)

Name of Individual completing review

Signature

NOTE TO DEALERS AND FINANCIAL ADVISORS

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It is recommended that this form only be used with the prior approval of your Compliance Department.

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