

Client Information Change Form

Fax to: 416.413.0733

Client Services Telephone: 416.413.7201 Or 1.866.542.3403

A division of B2B Bank Securities Services Inc.

1. ACCOUNT INFORMATION						
CLIENT NAME (LAST)	FIRST	ACCOUNT NO.				
		, , , , , 1				
CLIENT NAME (LAST)	FIRST	DEALER / ADVISOR NO.				
2. CLIENT ADDRESS						
☐ Change residence address ☐ Chang	ge mailing address					
ADDRESS						
CITY	PROVINCE	POSTAL CODE	COUNTRY			
CELL TELEPHONE NUMBER	RESIDENCE TELEPHONE NUMBER	BUSINESS TE	ELEPHONE NUMBER			
EMAIL ADDRESS						
You authorize B2B Bank Discount Brokerage Investment Loan. You authorize B2B Bank to phone and cell number(s), and email address	e ("B2BBDB") to share updates to your personal info o update your B2B Bank accounts with your update s.	ormation with B2B Bank if your investment account of the personal information that includes your personal information that inc	unt is associated with a B2B Bank nal address (residential and mailing),			
L CLIENT SIGNATURE	DATE (mm/dd/yyyy)	L ADVISOR SIGNATURE	DATE (mm/dd/yyyy)			
CLIENT SIGNATURE	DATE (mm/dd/yyyy)	L AUTHORIZED DEALER SIGNATURE (i.e. Branch Manager)	DATE (mm/dd/yyyy)			
Authorized Dealer: By signing this form, you	u attest that client authorization for the address cha	nge has been obtained.				
Please update the address for my B2B Bank By selecting this option, you authorize B2BE	k Investment Loan # BDB to provide this information to B2B Bank to update th	associated to this account. neir records.				
3. DEALER/ADVISOR	NOTE: Client must sign for	or a Dealer Change. Client or an Officer of the De	ealer must sign for an Advisor change.			
L DEALER NAME (PLEASE PRINT)	DEALER NO. ADVIS	SOR NAME (PLEASE PRINT)	ADVISOR NO.			
CLIENT SIGNATURE	DATE (mm/dd/yyyy)	L ADVISOR SIGNATURE	DATE (mm/dd/yyyy)			
CLIENT SIGNATURE	DATE (mm/dd/yyyy)	AUTHORIZED DEALER SIGNATURE (i.e. Branch Manager)	DATE (mm/dd/yyyy)			
Authorized Dealer: By signing this form, you attest that the assets being received have been reviewed and that your dealer is properly registered/licensed to offer, advise on and supervise these assets.						
Please update the dealer/advisor number for By selecting this option, you authorize B2BB	my B2B Bank Investment Loan # DB to provide this information to B2B Bank to update the	associated to this account. eir records.				

4. ANNUAL ACCOUNT FEE PAYMENT METHO			of your accoun	ts and replaces	s any
	previously chos	sen method			
Charge my chequing account as per the banking information is account will be used each year for withdrawal of annual account und 1, which will vary based on the applicable fee schedule will be collected from your B2BBDB account(s). Please see the Debit (PAD) Terms & Conditions below for more information of Requirements that apply to this fee payment option.	unt fees on or about provided. Unpaid fees e Pre-Authorized	Deduct fees from my ind B2BBDB Investment Ac NOTE: Client must sign	count. ac . sa pe inv	educt fees from my B2 count, including my B2 vings account, up to th r account, then from m restment account(s), if OTE: Client must sign.	2BBDB tax-free le fee applicable y B2BBDB any.
By selecting option A and signing this section, you hereby waive an with regards to pre-authorized debits.	y pre-notification requireme	ents as specified by sections	15(a) and (b) of the Ca	ınadian Payments Ass	sociation Rule H1
 You authorize B2B Bank Discount Brokerage ("B2BBDB")/B2B Bank Sec If this is for your own personal investment, your debit will be considered a Pe You have certain recourse rights if a debit does not comply with this agree this pre-authorized debit agreement. To obtain more information on your I You confirm that all persons whose signature are required to authorize tra You may change these instructions or cancel this plan at any time, provided information regarding your right to cancel a pre-authorized debit agreemen B2BBDB is authorized to accept changes to this agreement from my/our I and authorization requirements of the CPA. You agree that the information in this form will be shared with the financia rules applicable for pre-authorized debits. You acknowledge and agree that you are fully liable for any charges incur You have requested this application form and all other documents relating 	rsonal PAD by Canadian Paymement. For example, you have recourse rights, you may continus actions in the bank account that B2BBDB receives at least, please consult with your finaregistered dealer or my/our ad I institution, insofar as the discreded if the debits cannot be mare	ents Association definition. If this the right to receive reimbursem act your financial institution or vist thave signed in below. It also business days notice by phonoial institution or visit the Canadivisor in accordance with the policiosure of this information is dired due to insufficient funds or ar	is for business purpose ent for any debit that is sit www.cdnpay.ca. one or by mail. To obtain lian Payments Associatices of B2BBDB, in acceptly related to and neceptly other reason for which	s, it will be considered a not authorized or is not a copy of a cancellation ion website at www.cdr. cordance with the disclosessary for the proper apoch you may be held accordance with you may be held accordance.	n form or for more npay.ca. osure plication of the ountable.
	I	I	1		
DEPOSITOR SIGNATURE DATE (mm/dd/yyyy)		CLIENT SIGNATURE		DATE (mm/dd/yyyy)	
JOINT DEPOSITOR SIGNATURE DATE (mm/dd/yyyy)		CLIENT SIGNATURE		DATE (mm/dd/yyyy)	
ADVISOR SIGNATURE DATE (mm/dd/yyyy)					
5. BANKING INFORMATION – Attach a Void Ch	eque				
Change my banking information for the following:	'	EFFECTIVE DATE	(mm/dd/yyyy)		
ANNUAL ACCOUNT RIF/LIF/LRIF/PRIF/FEE PAC PAC RIF(LIF/LRIF/PRIF)	SWP (INVESTMENT & ACCOUNTS ONLY) (E	k TFSA LOANS (B2B	BANK INVESTMENT		
CHANGE BANKING INFORMATION AT FUND COMPANY FOR CASH I	DISTRIBUTIONS (INDICATE FU	ND CODES):			
 BANK NAME	BANK TRA	NISIT NO BANK /	ACCOUNT NO.		
You authorize B2BBDB to share updates to this information with B2B				ın	
]		
DEPOSITOR SIGNATURE DATE (mm/dd/yyyy)		DEPOSITOR SIGNATURE		DATE (mm/dd/yyyy)	
NOTE: Bank account holder(s) must sign.		ADVISOR SIGNATURE		DATE (mm/dd/yyyy)	
6. CLIENT NAME					
PREVIOUS					
LAST NAME FIF	RST NAME	PREV	/IOUS SIGNATURE		
LAST NAME FIR NOTE: Client must sign both previous and new. Dealer must signature	RST NAME		SIGNATURE		
TOTAL SHORE HEAD SIGN DOES PROFIDED AND HOW. Dealer must signature	o gadrantoo or attaon a lega	accamone wan onones new ne	a		
SIGNATURE GUARANTEE DATE (mm/dd/ssss)	ADV	/ISOR SIGNATURE	DAT	F (mm/dd/yyyyy)	

You authorize B2B Bank Discount Brokerage ("B2BBDB") to share updates to your personal information with B2B Bank if your investment account is associated with a B2B Bank Investment Loan. You authorize B2B Bank to update your B2B Bank accounts with your updated personal information that includes your legal name.

SUCCESSOR ANNUITANT AND BENEFICIARY DESIGNATION (optional) - applicable only to B2BBDB Registered Accounts, with the exception of TFSA Accounts I hereby revoke any previous successor annuitant designation and any previous beneficiary designation with respect to this account. A For RSPs, Locked-in RSPs/LIRAs and RLSPs: In the event of my death, I hereby designate B For RIFs, LIFs, LRIFs, RLIFs and PRIFs: In the event of my death (pick one or both): the following person as my designated beneficiary entitled to receive my interest in this Account if ☐ I hereby elect that my spouse, if living and remaining my spouse at the time of my living at my death. I reserve the right to revoke this designation. death shall continue to receive payments as successor annuitant under my Account and to the extent possible and permitted by law shall acquire all rights I have as holder thereof. I reserve the right to revoke this designation; or RELATIONSHIP NAME SPOUSE'S NAME ADDRESS Caution: Any designation made in Section 8A or 8B above is subject to the following: · For the purposes of this designation, spouse refers to a person recognized as your spouse or SPOUSE'S SOCIAL INSURANCE NUMBER common-law partner for the purposes of the Income Tax Act (Canada). · The validity of a designation of a beneficiary or successor annuitant is subject to the applicable pension legislation and the laws of the jurisdiction where you reside, if any, ☐ If: (a) the successor annuitant named above, if any, predeceases me or is not my permitting designations to be made otherwise than by way of a will. spouse at the time of my death; or (b) I have not elected any successor annuitant In the absence of a designated beneficiary or successor annuitant, the proceeds of your Account under my Account; then I hereby designate the following person as my designated will be paid to your estate. beneficiary entitled to receive my interest in this Account if living at my death. · Notwithstanding any designation by you to the contrary, your spouse (within the meaning of the I reserve the right to revoke this designation. applicable pension legislation) may automatically be entitled to the benefits under one or more of your Accounts including your Locked-in RSP/LIRA, RLSP, LIF, RLIF, PRIF or LRIF. Your designation above will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your designated beneficiary or successor annuitant, you will NAME RELATIONSHIP have to do so by means of a new designation. · Any designation made above shall apply to this Account only. If you have other accounts for which you wish to designate a beneficiary or successor annuitant you must complete a separate ADDRESS designation for each of these accounts. NOTE: Client must sign. CLIENT SIGNATURE ADVISOR SIGNATURE DATE (mm/dd/yyyy) DATE (mm/dd/yyyy) 8. SUCCESSOR HOLDER AND BENEFICIARY DESIGNATION (optional) – applicable only for TFSA Accounts I hereby revoke any previous successor holder designation and any previous beneficiary designation with respect to this B2BBDB Tax-free Savings Account. A In the event of my death I hereby designate my spouse*, if living at my death, as the **B** In the event that the successor holder designated by me in A predeceases me or where I have not named a successor holder in A, I hereby designate the following person as my successor holder of this B2BBDB Tax-free Savings Account to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation. designated beneficiary entitled to receive the proceeds of this B2BBDB Tax-free Savings Account in the event of my death. I reserve the right to revoke this designation. SPOUSE'S NAME SPOUSE'S SOCIAL INSURANCE NUMBER RELATIONSHIP NAME * Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the Income Tax Act

In the absence of a designated beneficiary or successor holder, the proceeds of this B2BBDB Tax-free Savings Account will be paid to your Estate.

(Canada). The person you designate as a successor holder must be your spouse at the time of your death.

Caution: 1. The validity of a designation of a beneficiary or successor holder is subject to the laws of the jurisdiction where you reside permitting designation made otherwise than by way of a will.

ADDRESS

- Your designation of a successor holder and/or beneficiary to this B2BBDB Tax-free Savings Account by means of this designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your successor holder or beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.
- This designation of successor holder and/or beneficiary will apply to this B2BBDB Tax-free Savings Account only. If you have other tax-free savings accounts with B2B Trustco as trustee for which you want a successor holder or beneficiary to be designated, you must complete a separate designation for each of these accounts.

NOTE: Client must sign

NOTE: Client must sign.			
CLIENT SIGNATURE	DATE (mm/dd/yyyy)	ADVISOR SIGNATURE	DATE (mm/dd/yyyy)

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