



Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement

A division of B2B Bank
Securities Services Inc.

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.

Client Name: _____ (“Client”)

Joint Client Name: _____ (“Joint Client”)

Account No. (if known): _____ (“Account”)

My/Our Dealer Name: _____ (“Dealer”)

I am a:

- PEFP (Politically Exposed Foreign Person) PEDP (Politically Exposed Domestic Person)
- HIO (Head of an International Organization)

as defined in the Account application form to which this Form is attached, due to the fact that:

I am _____ ; **and/or**
Describe position

I am a:

- PEFP (Politically Exposed Foreign Person) PEDP (Politically Exposed Domestic Person)
- HIO (Head of an International Organization)

due to the fact that I am a prescribed family member, as defined in the said Account application form, of a PEFP/ PEDP/HIO.

Please provide:

Name of PEFP/PEDP/HIO: _____

Position/Title: _____

Relationship to PEFP/PEDP/HIO: _____

The source of funds that have been, will be or are expected to be deposited to this Account are as follows:

What is the source of your wealth? _____

To: My/Our Dealer

By signing below and with respect to the Account application form to which this Politically Exposed Foreign or Domestic Person or Head of an International Organization 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.

Client Name

Joint Client Name

Client Signature

Joint Client Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

HEAD OFFICE REVIEW AND APPROVAL

Account No.: _____

Date Account Opened (mm/dd/yyyy): _____

Above information has been reviewed with Client/Joint Client

Date of Review with Client/Joint Client (mm/dd/yyyy): _____

Method of review (in person/telephone): _____

Confirmed by Client/Joint Client Yes No

If No, provide explanation: _____

Name of Employee conducting review: _____

Signature of Employee conducting review: _____

Approval of Senior Management (i.e. President, CEO, CFO, COO, CCO) to keep account open – Approval must be done within 30 days of the account being opened.

Account Approved: _____

Date (mm/dd/yyyy)

Senior Management Name

Title

Signature

Copy to Compliance