☐ B2B Bank Financial Services Inc. (MFDA) ☐ B2B Bank Intermediary Services Inc. (AMF) ☐ B2B Bank Securities Services Inc. (IIROC)

Indicate if the account is one of these accounts (if not, leave blank): ☐ IPP ☐ Group

1. CLIENT INFORMATION

LAST NAME

FIRST NAME

ACCOUNT NUMBER

DEALER NAME

ADVISOR NAME

DEALER #

ADVISOR #

2. CLIENT ADDRESS

ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

3. AUTHORIZATION

Action: ☐ START ☐ STOP

Effective

DATE (mm/yyyy)

If STOP is selected, statement frequency will revert back to the default frequency.

4. SIGNATURES

CLIENT NAME

X

CLIENT SIGNATURE **(MANDATORY)**

DATE (mm/dd/yyyy)

ADVISOR NAME

X

ADVISOR SIGNATURE **(MANDATORY)**

DATE (mm/dd/yyyy)

DEALER NAME

X

DEALER SIGNATURE

DATE (mm/dd/yyyy)