

## **Trust/Other Entity Information 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 and by the By-laws, Regulations and Rules of the self-regulatory organizations governing securities dealers when opening an account.

1.	Irust/Other Entity Nam	e:	_ ("Entity")		
2.	Operating as (Trade Na	ame):	-		
3.	Account No. (if known):		("Account")		
4.	Our Dealer Name:		₋ ("Dealer")		
5.	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 Settlors please attach additional sheets as required.

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

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

TRUSTEE A	Name:	

TRUSTEE B Name: \_\_\_\_\_

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

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

8. If the Entity is not a Trust, please complete the following information:

(a)	Date Business Started:	
(a)	Date Dusiness Starteu.	

- (b) Business Registration Number:
- (c) Date of Registration:
- (d) Business Fax Number: \_\_\_\_\_
- 9. The following individual(s) listed:
  - (a) own or control, directly or indirectly, more than 25% 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 co	ontrol over its affairs?	□Yes □N	
INDIVIDUAL B			
Name:		:	%
In the case of a partnership or trust, does the individual exercise co	ontrol over its affairs?	□Yes □N	lo
INDIVIDUAL C			
Name: % Ownership/Control Beneficiary			%
In the case of a partnership or trust, does the individual exercise co	ontrol over its affairs?	□Yes □N	lo
*for additional names please attach additional sheets as required.			
The Entity is a not-for-profit organization:			
			10
If Yes: (a) the Entity is a charity registered with Canada Revenue A	gency and, if yes,		
the Entity's charitable registration number is	; or, if not		
(b) the Entity is an organization that solicits charitable finance	cial donations from the public:	□Yes □N	10

## To: Dealer

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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.

Date (mm/dd/yyyy)

Name of Individual completing review

Signature

## NOTE TO DEALERS AND FINANCIAL ADVISORS

This form is provided as a courtesy only and B2B Bank Intermediary Services Inc. make no representations or warranties that this form or its use satisfies the requirements of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act or the By-laws, Regulations and Rules of any applicable self-regulatory organization.

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