

Trusted Contact Person Information Update

A division of B2B Bank Securities Services Inc.

We are required to ask you for the name and contact information for a person that you trust to assist us in protecting your investments. This person does not make any financial decisions or act on your behalf. We would contact this person to confirm or make inquiries about any of the following:
- Possible financial exploitation or mistreatment affecting you or your account

- -Concerns about your mental capacity or health status as it relates to your financial decision making
- The identity of your legal guardian, executor, trustee, or other personal or legal representative _
- Your current contact information

If you would like to appoint a Trusted Contact Person, please complete the information below. By completing this section and signing this form, you authorize your advisor or dealer to contact your Trusted Contact Person named below to obtain the information needed to validate the concerns about you or to disclose to the Trusted Contact Person such information as the Trusted Contact Person may require in order to obtain the information or help needed. You acknowledge having read and understood the section "Person-Additional Information" disclosed in this form.

□ I decline to provide a Trusted Contact Person

1. Primary Trusted Contact Perse	on for this a	ccour	nt					
Add/update D Withdraw	For account number(s)							
1–Mr. 2–Mrs. 3–Miss 4–Ms. 5–Dr. 6–Prof.	First name			ame		Initials		
Full residential address (not a P.O. box	()				1			Apt.
City			Province				Postal code	
Country of Residence			Email address					
Cell telephone number Resid			ence telephone number Work telephone				umber	
Relationship to client						1		
n the event the Trusted Contact Per the advisor may contact the followin		bove re	efuses or is unavailab	le to provide	assista	nce or is financial	ly mistreating you	ı, the dealer o
2. Alternate Trusted Contact Pers	son							
Add/update 🛛 Withdraw	For acco	unt num	nber(s)					
1-Mr. 2-Mrs. 3-Miss 4-Ms. 5-Dr. 6-Prof.			First name					Initials
Full residential address (not a P.O. box	()							Apt.
City F			Province Postal code					
Country of Residence			Email address				1	
Cell telephone number Reside			nce telephone number Work telephone number					
Relationship to client								
3. Client Authorization								
Client signature	Date			Co-applicant signature			Date	
4. Dealer/Advisor Information	-				ni signati		Date	
Dealer name	Dealer numb	er		Advisor name			Advisor number	
Advisor signature	Date							

1 of 2

Additional Information

By signing this form, you understand and agree that:

Only the information necessary to discuss the concerns about you and assist you may be disclosed to your Trusted Contact Person(s). This could include, but is not limited, to medical information, details of your personal life, financial holdings and transactions.

A temporary hold on transactions may be placed by the dealer or advisor for the time that is necessary to address the situation and concerns about you. You will be notified if such a hold is placed.

The dealer or advisor will first contact the Primary Trusted Contact Person. The Alternate Trusted Contact Person will be contacted in the event the Primary Trusted Contact Person refuses, is unable or unavailable to assist or is suspected of financially exploiting or mistreating you.

You will be solely responsible of notifying you Trusted Contact Person(s) of this appointment, the circumstances under which they may be contacted and the fact that you have given their contact information to the dealer or advisor. You confirm that you are duly authorized by your Trusted Contact Person(s) to do so.

Only you may revoke this consent or change your Trusted Contact Person(s) at any time by notifying in writing the dealer or advisor.

Your Trusted Contact Person(s) cannot execute any transactions, make any financial decisions or act on your behalf.

The dealer or advisor may contact your Trusted Contact Person(s) should one of the situations mentioned above occur, but they are not legally obligated to do so and cannot be held in any way responsible for not doing so.

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