



A division of B2B Bank Securities Services Inc.

Authorized Person 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. Client Name: _____ (“Client”)
2. Client Dealer Name: _____ (“Dealer”)
3. Account No. (if known): _____ (“Account”)

| Authorized Person Identification | | | |
|--|--|---|-------------|
| <input type="checkbox"/> 1-Mr. 2-Mrs. <input type="checkbox"/> 3-Miss 4-Ms. <input type="checkbox"/> 5-Dr. 6-Prof. | Last name or Company/Organization name | First name | Initials |
| Residence address (street # and name, apartment #) (not only a P.O. Box number) | | | |
| City | | Province | Postal code |
| Country of residence | | Citizenship | |
| Date of birth (mm/dd/yyyy) | Residence telephone number | Business telephone number | |
| Employer | | | |
| Employer's business address | | | |
| City | | Province | Postal code |
| Employer's telephone number | Status (examples: employed, unemployed, retired, student, never worked) <small>*If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.</small> | | |
| Industry/Type of Business (examples: entertainment, food service) | | Detailed Occupation (examples: actor, cook) | |
| Relationship to Client | | | |

4. Are you:
 - (a) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. an entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or
 - (b) an officer or director of a company which is itself an insider or a subsidiary of such Issuer? YES NO

If yes, please list the Issuer(s): _____

5. Do you:
- (a) beneficially own; or
 - (b) have control or direction over; or
 - (c) have a combination of beneficial ownership of, and control or direction over,

directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities? YES NO

If yes, please list the Issuer(s): _____

6. Do you or as part of a group, hold or control an Issuer? YES NO

If yes, please list the Issuer(s): _____

To: Dealer

By signing below and with respect to the Account application form of the above-noted Client to which this Authorized Person Statement is attached or is related to:

- (a) I declare the foregoing information to be true and complete and
- (b) The Dealer has the right and I hereby authorize them to conduct a credit check or obtain a credit report or credit file with respect to me and my business, if applicable, for the purposes of providing services to the Client and to verify my identity. The Dealer also has the right to use banking information, including without limitation information with respect to any deposit account I may have, in connection with the provision of services to the Client and to verify my identity and I hereby consent to the Dealer obtaining from my financial institution such information and agree that the Dealer may provide a copy or extract of this Authorized Person Statement to such financial institution to evidence such consent.

Date (mm/dd/yyyy)

Name

Signature