



B2B Bank Non-Registered GIC Application

In order to avoid delays in processing:

- Include a copy of the cheque used to purchase the investment(s).
- Provide a void cheque for EFT Payment instructions (if applicable).
- Complete all client identification information (section 3) fully and accurately, including employment details.
- If Method 1 is used for client identification, please provide two authentic, valid and current pieces of Identification (including one with photo). Please refer to Personal identification requirements checklist on Page 8 for acceptable pieces of identification.
- If you are the Agent and also the Client or the Corporate Signing Officer or Business Signing Officer of the Client, please have another authorized agent sign section 10, as the Validating Agent, on page 7 of this application.

Important notice regarding your privacy

We are committed to protecting your privacy and use the utmost discretion in handling the personal information you entrust us with. Please carefully read the privacy section contained in the application, which describes how we collect, hold, use, and when needed, disclose your personal information when we do business with you.

Send all pages of this original completed application and required documents to: B2B Bank 199 Bay Street, Suite 600 PO Box 279 STN Commerce Court Toronto, ON M5L 0A2





B2B Bank Non-Registered GIC Application

Language preference \Box English \Box French

1. Deposit Agent and Dealer Advisor information									
Agent number	Agent name				Agent email				
Dealer/Advisor number (if applicable) Dealer name (if applicab	ole)			Agent tele	Agent telephone number		Agent fa	x number
2. Type of investment									
□ New account □ New inves	tment for existing account	:		Existing a	account num	ber			
3. Client identification (for	registration purpose	es)							
A. Individual (For more than two individual clients, please attach an additional application \Box)									
Mr. Mrs. Ms. Mis	s.								1
Name 1 Last name			First r	name					Initial
Full residential address (street # and na	ame, apartment #) (not only a F	P.O. Box nur	mber)	(City		Provin	ice	Postal code
Country of residence	dent Citizenship Resident	S	locial I	Insurance	Number	Email address	1		
Date of birth (mm/dd/yyyy)	Home phone number			Cell phor	le number		Work	phone nu	mber
Name of employer									
Address of employer				(City		Provin	ice	Postal code
Employer telephone number						ired, student, ne ur previous Industry/Ty			etailed occupation.
Industry/Type of Business (examples:	entertainment, food service	e)		Detail	ed occupatio	n (examples: act	or, cook	()	
Please select one (1) of the three (3) methods below for Client Identity Verification									
Method 1 - ID Documents									
Please provide details of two of the following original pieces of identification (including one with photo). Refer to the Personal identification requirements checklist on page 8 for examples of acceptable pieces of identification.									
1. Full name as it appears on ID		Issui	ing authority [Date	of issu	e (if appli	cable) (mm/dd/yyyy)
ID Туре		ID nu	ID Expiry date (mm/dd/y				d/уууу)		
ID Place of issue (jurisdiction)	Issuir	ng Co	untry ID Verification date (mm/dd/			nm/dd/yyyy)			
2. Full name as it appears on ID	Issui	ng aut	uthority Date of issue (if a			e (if appli	cable) (mm/dd/yyyy)		
ID Туре) number			ID E	ID Expiry date (mm/dd/yyyy)		
ID Place of issue (jurisdiction)			ng Co	untry		ID Ve	erificatio	on date (n	nm/dd/yyyy)
Method 2 - Credit File									
Name of credit bureau queried			Full name as it appears on Credit File						
Credit file inquiry ref #			t file ir	nquiry date	e (mm/dd/yyyy	/)			

3. Client identification (for registration purposes) (continued) Method 3 - Dual Process											
Information verified:											
Name and address + name and confirmation of financial account											
□ Name and DOB + name and confirmation of financial account											
Full name as it appears on the	e document	t									
Name of Reliable source of in	document	1)		Reliable source of information type (example: utility bill, bank statement, etc.)							
Reliable source of information account / reference #						on date (mm/dd/y)	ууу)				
Full name as it appears on the	e document	t									
Name of Reliable source of in	formation (d	document	2)		Reliable	source of informat	ion type (exan	nple: utility bill, b	ank statement, etc.)		
Reliable source of information	account / r	eference	#	ľ	Verificatio	on date (mm/dd/yy	/уу)				
Applicant: Declaration	of tax resi	idence									
Tick (✓) all of the options	that apply	to you									
			checked, please comple of tax residence sectio		CRA Fo	rm RC519 - Tax F	Residency Self	-Certification fo	r Entities.		
I am a tax resident of 0	Canada										
I am a tax resident or a If you ticked this box, g			l States. entification number (TIN	l) from	the Unite	ed States:	TIN from the Uni	ited States			
If you do not have a TI	N from the	United Sta	ates, have you applied	for one	е? □ ү	es 🗆 No					
I am a tax resident of a If you ticked this box p	a jurisdictior rovide your	n other tha jurisdictio	an Canada or the United ons (i.e. countries) of tax	d State k reside	es ence and	l taxpayer identific	ation numbers	s in the section	below.		
If you do not have a TI	N for a spe	cific jurisd	liction, give the reason	using a	one of the	ese choices:					
			applied for a TIN but ha	-							
					-						
	: My jurisolo : Other reas		x residence does not is	sue II	INS TO ITS	residents.					
Jurisdiction of tax residence Taxpayer identification number If you do not have a TIN, choose reason 1							ason 1, 2, or 3				
		•									
Mr. Mrs. Ms.	Miss.										
Name 2 Last name				First I	name				Initial		
If account has two or more in											
Full residential address (street			ants with Rights of Surv		iip (not av	allable in Quebec	c)	Province	Postal code		
Same as Applicant/Holder, or	# and name,	, apartment	(not only a P.O. Box nt	umber)		City		FIOVINCE	FUSIAI COUE		
Country of residence	□ Reside	ent esident	Citizenship	Soc	cial Insura	ance Number	Email addres	s	1		
Date of birth (mm/dd/yyyy) Home phone number					Cell ph	one number		Work phone n	umber		
Name of employer					1			1			
Address of employer						City Province Postal code			Postal code		
Employer telephone number						unemployed, retire			Detailed occupation.		
Industry/Type of Business (ex	amples: en	tertainmer	nt, food service)		De	tailed occupation ((examples: act	tor, cook)			

3. Client identification (for registration purposes) (continued)								
Please select one (1) of the three (3) methods	s below for Client Identi	ty Verificat	ion					
Method 1 - ID Documents								
Please provide details of two of the following original pieces of identification (including one with photo). Refer to the Personal identification requirements checklist on page 8 for examples of acceptable pieces of identification.								
1. Full name as it appears on ID		Date of issue (if applicable) (mm/dd/yyyy)						
ID Туре		ID numbe	r		ID Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction)		Issuing Co	ountry		ID Verification date (mm/dd/yyyy)			
2. Full name as it appears on ID		Issuing au	uthority		Date of issue (if applicable) (mm/dd/yyyy)			
ІД Туре		ID numbe	r		ID Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction)		Issuing Co	ountry		ID Verification date (mm/dd/yyyy)			
Method 2 - Credit File								
Name of credit bureau queried		Full name	as it appe	ars on Credit File				
Credit file inquiry ref #		Credit file	inquiry dat	e (mm/dd/yyyy)				
Method 3 - Dual Process		Į						
	ess + name and DOB							
_	ess + name and confirm							
Full name as it appears on the document	+ name and confirmation	on of financ	cial accour	11				
Name of Reliable source of information (docur	ment 1)		Reliable s	ource of information type	(example: utility bill, bank statement, etc.)			
Reliable source of information account / refere	ence #		Verification date (mm/dd/yyyy)					
Full name as it appears on the document		I						
Name of Reliable source of information (docur	ment 2)		Reliable s	ource of information type	(example: utility bill, bank statement, etc.)			
Reliable source of information account / refere	ence #		Verification date (mm/dd/yyyy)					
Co-Applicant: Declaration of tax resid	dence							
Tick (\checkmark) all of the options that apply to ye								
The account is an entity account. If thi Otherwise please complete this Declar	is is checked, please co	omplete the ection.	CRA For	n RC519 - Tax Residenc	y Self-Certification for Entities.			
□ I am a tax resident of Canada								
 I am a tax resident or a citizen of the United States. If you ticked this box, give your taxpayer identification number (TIN) from the United States: 								
If you do not have a TIN from the Unite	ed States, have you app	lied for on	e? □Ye	s 🗆 No				
I am a tax resident of a jurisdiction other than Canada or the United States If you ticked this box provide your jurisdictions (i.e. countries) of tax residence and taxpayer identification numbers in the section below.								
If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:								
Reason 1: I will apply or h	Reason 1: I will apply or have applied for a TIN but have not yet received it.							
Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.								
Reason 3: Other reason:								
Jurisdiction of tax residence	Taxpayer identifie	cation nun	nber	lf you do not ha	ve a TIN, choose reason 1, 2, or 3			

1											
	on/Non-Corporate e Business account			irements c	hecklist fo	r complete lis	t of req	uirement	s for bus	siness acco	ounts.)
Type of busines			artnership		Corporation	□ Not-for-					
Name of Corpor	ation/Entity			Ор	erating as	(Trade Name)					
Complete Address of Corporation/Entity City											
Province	Postal code	Telephone	hone number of business Busir			s fax number Busines			siness Registration Number (BIN/BN), if applicable		
Email address		ļ			_ ļ		Date business started (mm/dd/yyyy)				
Date of incorpora	ation (mm/dd/yyyy)	Date	e of regist	ration (mm/o	dd/yyyy)	Nature of b	ousiness	(principa	l busines	s activity)	
	Name(s) of all Signing Officers or Business Signing Officers										
4. Account	use/Third party	determina	ation qu	uestions							
	ended use of the acc vings		nent 🗆 S	Special Purc	chase 🗌	Education					
□ Other (pleas	e specify):										
□ Use by third	party or for the bene	efit of a third p	oarty (plea	ase provide	all the follo	wing third party	/ informa	ation):			
Third party nam	e (Individual or Com	oany)			Third par	ty date of birth	(mm/dd	l/yyyy) (In	dividual)	Third party	r citizenship
Third party full ad	ddress (street # and r	name, apt. #)	(not only	a P.O. Box r	number)	Relationship between client and third party					n client and third party
City				Province	1	Postal code	Т	Third party country of residence			e
Third party reside	ence telephone numb	ber	Third	d party cell t	elephone n	umber	Third	party bus	siness tel	ephone num	nber
Third party emplo	oyer name										Years with employer
Third party emplo	oyer address										1
City Province										Postal code	e
Third party employer telephone number Third party status (examples: employed, unemployed, retired, student, never worked) "If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.											
Third party Industry/Type of Business (examples: entertainment, food service)						Third party detailed occupation (examples: actor, cook)					
In addition. obta	ain the following info	ormation if th	he third p	arty is a lea	gal person	:					
Incorporation number				• •	Place of issue (only if entity is a Corporation)						

5. Investment features*	(Please make all cheque	es payab	le to the select	ed financial i	nstitution.)				
Investment 1:									
Purchased from: B2B Bank				Irentian Trust of (Canada	Rate			
Amount	Issue date (mm/dd/yyyy)		date (mm/dd/yyyy)	Term					
\$						%			
Interest Payment frequency:		Annual	Semi-annual	Quarterly	Monthly				
Interest Payment instructions:	 EFT credit to my bank account Pay by cheque 	nt (not avai	lable to non-resident	s)					
Payment instructions:	Auto-renew for same term as Auto-renew — for different te EFT credit to my bank accoun Pay by cheque NOTE: If none selected, the defa	rm: Issue c nt (not avai	lable to non-resident	s)	(mm/dd/yyyy) Term			
Investment 2:	_	_	_						
Purchased from: B2B Bank				rentian Trust of C	Canada	Τ			
Amount	Issue date (mm/dd/yyyy)	Maturity o	late (mm/dd/yyyy)	Term		Rate			
\$						%			
Interest Payment frequency:	☐ Compounded annually □	Annual	Semi-annual	Quarterly	Monthly				
Interest Payment instructions:	 EFT credit to my bank accoun Pay by cheque 	nt (not avai	lable to non-resident	s)					
Payment instructions:									
Investment 3	_	_	_						
Purchased from: B2B Bank				rentian Trust of C	Canada				
Amount \$	Issue date (mm/dd/yyyy)	Maturity c	late (mm/dd/yyyy)	Term		Rate %			
		Annual	Semi-annual	Quarterly	Monthly	/0			
Interest Payment frequency:	EFT credit to my bank accour			,					
Renewal/Principal Maturity Auto-renew for same term as above Payment instructions: Auto-renew — for different term: Issue date (mm/dd/yyyy) EFT credit to my bank account (not available to non-residents) Pay by cheque NOTE: If none selected, the default will be auto-renew for same term as above.									
*Please complete additional investment instructions, if necessary, on the Term Deposit Form (available at b2bbank.com/forms) and submit it together with this application form.									
6. In Trust For Informatio	n (names below will be	included	l in one accoun	t)					
Attach a separate sheet for	r additional ITF individuals and/o	or with add	resses of ITF individu	uals (ie. beneficia	ries) if different	from the trustee address.			
Last Name	First Name		Date of Birth (mm/dd/yyyy))	Percentage Allocat	ion			
Last Name	First Name		Date of Birth (mm/dd/yyyy))	Percentage Allocat	ion			
If the investment (i.e. GIC) is held in Trust For ("ITF") more than one beneficiary, you as the trustee are required to disclose each beneficiary's name, address, and the percentage (%) of interest in the deposit (percentage allocation). The percentage allocation is used by the Canadian Deposit Insurance Corporation ("CDIC") for deposit insurance only. You acknowledge that if you do not indicate a percentage allocation to each beneficiary, an equal percentage will be allocated to each beneficiary for this investment. Please see section Canada Deposit Insurance Corporation ("CDIC") requirements for trusts in this application for more details pertaining to ITF obligations. When applicable, If the beneficiary is a minor, please indicate their date of birth(s).									
7. Terms and Conditions									
1. Definitions:									
For the nurnose of the present co	ntract "Financial Institution" r	means R2P	Bank Laurentian Re	ank I B() Truet o	r Laurentian Tri	ist of Canada			

rinand al institution means B2 ne present (ik, Laureniiai ∖, ∟∣ ΠP

This investment is non-negotiable and cannot be transferred in favour of another person, other than the Financial Institution.
Unless the depositor or their deposit agent provides instructions to the contrary before the maturity date, this investment will be renewed automatically

7. Terms and Conditions (continued)

for an additional term under the same conditions and at the rate in effect on the renewal date. The Financial Institution will mail to the deposit agent a confirmation of the investment balance and of the conditions in effect for new purchases as well as for renewals.

- If the investment is not renewed for an additional period, no interest will be paid on the investment balance after the maturity date.
- When several individuals act as the depositor and it is explicitly stated that a payment may be made to any of these individuals, any such payment will constitute full payment by the Financial Institution.
- When the investment is made on behalf of several depositors and includes a right of survivorship, the depositors agree that the Financial Institution will, upon presentation of the death certificate, repay the investment balance to the survivors or sole survivor, as the case may be.
- This repayment will be made at the written request of the survivor(s). (This paragraph does not apply to Quebec residents.)
- In the event the type of investment to be renewed is no longer offered by the Financial Institution, said investment will be renewed in accordance with the Terms and Conditions of an investment which most closely resembles that of the expired investment.

2. Consent to Collection and Use of Personal Information

- (1) Personal Information: B2B Bank collects Personal Information, including identification, credit, employment, and other financial information such as transactions occurring through B2B Bank or other financial institutions for the purposes described in section 1(2) from you, and if necessary, your surety (guarantor) and other sources, as described below. Personal information may include any information that identifies you, such as your name, age, marital status, employment history, income, social insurance number, credit history, home address, e-mail address and home telephone number ("Personal Information").
- (2) Collecting Your Personal Information: B2B Bank requires Personal Information in order to establish a relationship with you and makes use of this Personal Information in the context of activities generally carried out by B2B Bank, including, if applicable, to verify your identity, give you access to Online Services, open an account, a loan or any other product or service, understand your overall financial situation, determine your eligibility for products and services, understand your needs, adequately deliver products and services, carry on business with you, protect you, B2B Bank and its clients from errors, omissions or fraud and to comply with the law.

(3) Holding, Using, and Disclosing Your Personal Information: For the purposes described in section 1(2), and where applicable,

a. You authorize B2B Bank to:

- i. Obtain information regarding your solvency or financial situation, as may be required from time to time for the purposes described in section 1(2), including your identification, and until full payment of any amount as may be owing to B2B Bank, from legally authorized persons as well as, where applicable, from any personal information agent, Deposit Agent, Designated Advisor, Mortgage Broker, any person referred to in credit reports obtained, any financial institution, fiscal authorities, creditor, employer, public organizations, any mortgage/hypothecary insurer or any other person providing references, and authorize such persons to disclose the information requested. In granting this authorization, you acknowledge that you are giving B2B Bank permission to request and access your credit report from credit-reporting agencies;
- ii. Disclose the information it holds on you to any person authorized or permitted by law, and, where applicable, personal information agent, Deposit Agent, Designated Advisor, Mortgage Broker, financial institution, mortgage/hypothecary insurer or any organization duly designated by B2B Bank according to paragraph c) below, or with your consent, to any person who so requests it;
- iii. Use your social insurance number for reporting of income and share it with appropriate fiscal authorities and also share it with credit reporting agencies for data consolidation purposes regarding services provided by B2B Bank;
- iv. Make your Personal Information available to its employees, parent company, affiliates, subsidiaries, agents, and service providers acting on its behalf. Service providers include account statement preparation and mailing companies, courier companies, imaging companies, document storage companies, and record-keeping companies. When B2B Bank transfers Personal Information to its service providers, B2B Bank ensures by contractual means that the transferred Personal Information is used only for the purposes for which the service provider is retained. In the event the service provider is located outside of Canada, the service provider is bound by, and Personal Information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located.
- b. You also recognize that B2B Bank may, at all times, without notifying you, assign your account to any person. The assignee may be required by applicable laws to retain your Personal Information for a certain period of time.
- c. With a view to benefiting from high-quality service and obtaining information about the financial products and services offered by B2B Bank and its parent company, affiliates and subsidiaries ("Affiliates") and if you have consented by checking the appropriate box(s) below, you authorize B2B Bank to use your Personal Information, and to disclose your Personal Information to its Affiliates, for the purposes of B2B Bank and its Affiliates (i) providing you with tailored communications about products and services that may be of interest to you, including pre-approved credit products, and (ii) sending such marketing communications through various channels, including mail, email, telephone, fax, text message or other electronic addresses you have provided B2B Bank. You may revoke the above authorization at any time by mail at 199 Bay Street, Suite 600, PO Box 279 STN Commerce Court, Toronto, ON, M5L 0A2, or by telephone at 1.866.334.4434, or by email at unsubscribem@b2bbank.com. B2B Bank will not refuse to provide the products and services described herein, if you are entitled to them, even if you have revoked this authorization.
- d. If services are provided by B2B Bank from a country outside of Canada or if data containing your Personal Information is moved and found in a country outside of Canada, you understand that B2B Bank may be required to disclose your Personal Information to authorities or others in the foreign jurisdiction pursuant to the applicable laws of that jurisdiction.
- e. You authorize B2B Bank to disclose and share Personal Information that it holds about you with competent authorities in cases of fraud, inquiry or breach of any agreement or any statutory violation.
- f. You authorize B2B Bank to disclose and share information it holds on you with other financial institutions when inter-bank communication is required to prevent or control fraud, during inquiries for breach of any agreement or any statutory violation.
- g. B2B Bank will allow you to examine information to which you are entitled by law, and you may, upon providing a written request to B2B Bank, obtain a copy of such information upon payment of amounts charged by B2B Bank.
- h. When Personal Information is updated by you with regards to a specific product or service, such updated Personal Information shall be considered the most current and B2B Bank is authorized to and may update its records accordingly for any other products and services you hold.
- i. B2B Bank complies with the laws related to the protection of Personal Information. To ensure compliance with these laws, B2B Bank adheres to a privacy policy, the main points of which are summarized in our available on our website: b2bbank.com/mybank/legal/code-of-confidentiality-brochure.pdf. This code governs the behaviour of our employees with regard to the accuracy, confidentiality and security of all client information.
- j. You confirm that before providing B2B Bank with Personal Information about third parties, you have obtained that person's consent to provide their Personal Information to B2B Bank.

3. Canada Deposit Insurance Corporation ("CDIC") requirements for trusts (excludes deposits held in an account identified as a professional trustee account, where the depositor that is a nominee broker or CDIC member institution, and special income arrangements)

(1) When you, as the depositor(s) and trustee(s) of the trusteeship ("You"), indicate that the investment is held in trust, and to ensure that the investment be considered as a trust deposit eligible for the CDIC insurance coverage up to \$100,000 per beneficiary¹:

You, are responsible to provide the Financial Institution with, and update, the following information for disclosure on Financial Institution's records:

- a. An indication that the investment is held in trust; and
- b. Each trustee's name and one trustee's address; and
- c. Each beneficiary's name and address; and

d. The percentage of the beneficiary's interest or right in the investment, if there is more than one beneficiary,

(hereinafter collectively, the "CDIC Trust Information").

7. Terms and Conditions (continued)

Failure to provide a percentage for the beneficiaries indicated in the Section entitled "In Trust For Information" of this application form, if there is more than one beneficiary, will result in the investment being allocated equally to each beneficiary in Financial Institution's records for the purpose of the CDIC legislation and by-laws.

For greater certainty if the Financial Institution is obligated to repay You moneys, in your capacity as trustee for two or more trusteeships under which the same beneficiary is a beneficiary, the aggregate of the interest or right of that beneficiary in those investments shall be insured to a maximum of one hundred thousand dollars.

(2) At account opening, You provide the CDIC Trust Information by filling out the Client Identification and In Trust For Information of this application form and, when applicable, by providing any additional application (when space is insufficient to add all CDIC Trust Information) and separate sheet (if the percentage of the beneficiary's interest or right in the deposit for CDIC purposes differs from account ownership). When applicable, If the beneficiary is a minor, please indicate the date of birth(s)

(3) When the CDIC Trust Information changes, you update it by mailing the new information at: B2B Bank
 199 Bay Street, Suite 600
 PO Box 279 STN Commerce Court Toronto, Ontario
 M5L 0A2.

(4) If you fail to provide and update the required CDIC Trust Information to Financial Institution, it may result in the investment not receiving full CDIC deposit insurance protection.

(5) CDIC will rely on the latest information disclosed on Financial Institution's records, which could affect the CDIC deposit insurance coverage.

Please visit the CDIC www.cdic.ca for more information.

4. Canada Deposit Insurance Corporation ("CDIC") requirements for professional trusts (excludes deposits held in an account identified as holding the deposit

in trust, deposits where the depositor that is a nominee broker or CDIC member institution, and special income arrangements)

(1) When you, as the depositor(s) and professional trustee(s) of the trusteeship ("You"), indicate that the investment is held in trust, and to ensure that the investment be considered as a trust deposit eligible for the CDIC insurance coverage up to \$100,000 per beneficiary1:

You are responsible to provide Financial Institution with, and update, the following information for disclosure on Financial Institution's records: a. An indication that the investment is held in trust; and

b. An indication that the account in which the investment is held is a professional trustee account; and

c. The name and address of the professional trustee, (hereinafter collectively, the "CDIC Trust Information").

For greater certainty the interest or right of each beneficiary in the investment shall only be considered as a trust deposit eligible for the CDIC insurance coverage up to \$100,000 per beneficiary if in addition to the CDIC Trust Information being disclosed and updated, the following conditions are met by You:

d. At account opening, You provide the CDIC Trust Information by filling out Section Client Identification and Corporation/Non-Corporate Business Entities. In addition, You are required to complete the attestation (see Account Documentation Requirements Checklist: Professional Trustee attestation) as well as any applicable form (as required)

e. You have maintained a record that sets out the current name and address of each beneficiary of an investment in the account and the amount or percentage of the interest or right of each beneficiary; and

f. You have provided, in accordance with the CDIC by-laws, information respecting the investments in the professional trustee account to CDIC if a request has been made by the CDIC, electronically in a format that permits data extraction and manipulation; and g. Annually by April 30, You have provided the Financial Institution with the following:

- i) a written attestation, in accordance with the CDIC by-laws, stating that You continue to be a professional trustee,
- (ii) confirmation that the account is to continue to be identified as a professional trustee account, and
- (iii) updated contact information in accordance with the CDIC by-laws.
- (2) if You are no longer a professional trustee, You update this information by requesting that the designation be removed it, by mailing the new information or request at:

B2B Bank 199 Bay Street, Suite 600 PO Box 279 STN Commerce Court Toronto, Ontario M5L 0A2.

(3) If you fail to provide the information set forth in Subsection 4(1) g.(i) to (iii), Financial Institution will remove the designation of the account identified as professional trustee account.

Please visit the CDIC www.cdic.ca for more information.

Quebec only:

Je reconnais/Nous reconnaissons que la version française de la présente Demande de CPG non enregistré de B2B Banque m'a/nous a été remise et avoir expressément exigé que la présente Demande de CPG non enregistré de B2B Banque soit signée dans la langue anglaise, et que les documents y étant rattachés me/nous soient transmis dans la langue anglaise. / I/We acknowledge having been remitted the French version of the B2B Bank Non-Registered GIC Application and having expressly requested to give my/our consent to same in English, and to receive any related documents thereto in English.

Settling Differences:

Customer concerns or complaints may be addressed following the steps described on the Financial Institution's Web site at b2bbank.com.

Saskatchewan only:

The Financial Institution shall send to depositors making their deposit through a deposit agent at their mailing address indicated in the client identification section a confirmation within fifteen (15) days of the receipt by the Financial Institution of the payment. If a depositor does not receive the confirmation within fifteen (15) days, the depositor should make further inquiries.

8. Additional Conditions

The Financial Institution may invest or loan the amount of the investment, on behalf of the depositor, separately or jointly with its own funds or with those of other individuals in one or more securities or loans allowed under legislation applicable to the Financial Institution, including securities or loans issued by affiliated entities. The Financial Institution may, at its own discretion, change these investments or loans at any time.

The Financial Institution will retain, as its remuneration, the interest or gain made on the investments or loans that exceeds the interest rate payable to the depositor.

9. Client authorization

1. I/We represent and warrant that all the Personal Information setout herein or provided to the Financial Institution is true and complete;

- 2. I/We agree and acknowledge having been informed that my/our Agent will receive compensation from the Financial Institution based upon the acceptance of my/our application paid as agreed to by my/our Agent and the Financial Institution;
- 3. (Applicable to business applicants only) I/We certify both personally and on behalf of the business that (I am/each of us is) a principal of the business and that the information contained in the attached Schedule A (Business Account Information) is complete and accurate in all respects;
- 4. (Applicable to business applicants only) I/We have attached a completed and signed Form RC519 (Tax Residency Self-Certification for Entities).
- 5. I/We authorize B2B Bank to accept instructions from my/our Agent or any person duly authorized by my/our Agent for that purpose, in connection with any transaction regarding the investments held in my/our account. Any instructions given by my/our Agent or any person duly authorized by my/our Agent for that purpose will be considered as instructions given by me/us;
- 6. I/We agree to be bound by the terms and conditions contained herein;
- 7. I/We have received a copy of the B2B Bank fee schedule from my/our Agent or Validating Agent which lists the charges applicable to this account;
- 8. I/We undertake to advise B2B Bank in writing of any change to the information in this application.

By signing this application form below, I/we acknowledge reading the Terms and Conditions in this application and consent to my Personal Information being collected, held, used, disclosed, and shared in accordance with B2B Bank's privacy practices outlined in this application. I/We understand B2B Bank will obtain my prior consent for any additional use or collection, or if the purpose of using my personal information is changed. If I/we have provided Personal Information concerning any other person (i.e. spouse or beneficiaries), I/we confirm that I/we am/are authorized to provide such information and obtained their consent.

B2B Bank and its Affiliates wish to send you tailored communications about products and services that may be of interest to you, including pre-approved credit products. Please check the communication channels through which you consent to be contacted: Individual 1 Individual 2 (if applicable)

🗌 Mail

•	
	Mail
	Phone/F
5	

Phone/Fax
Electronic messages (email, text message, instant message
social media messaging system, etc.)

Phone/Fax
 Electronic messages (email, text message, instant message, social media messaging system, etc.)

You can withdraw your consent or unsubscribe at any time. You may contact B2B Bank by mail at 199 Bay Street, Suite 600, PO Box 279 STN Commerce Court, Toronto, ON, M5L 0A2, or by telephone at 1.866.334.4434, or by email at unsubscribeme@b2bbank.com. B2B Bank will not refuse to provide the products or service, described in this agreement, if you are entitled to them, even if you revoke this authorization. The choices you made do not limit B2B Bank from communicating with you for administrative purposes or about products or services you have with us (e.g. legal or regulatory notices, expiry of products etc.).

B2B Bank GIC products and services should be reviewed with my advisor as all B2B Bank's GIC products are non-redeemable and non-transferable and may affect my need for access to those funds. In proceeding, I acknowledge that I have not received any advice from the Bank on whether this product is appropriate for me, but I have reviewed B2B Bank's product information and I am making an informed decision about the GIC products I am selecting. I acknowledge understanding the characteristics of the product, including its non-redeemable and non-transferable nature.

Signature of Individual/Corporate Signing Officer or Business Signing O	Officer Date (mm/dd/yyyy)
Signature of Individual/Corporate Signing Officer or Business Signing O	Officer Date (mm/dd/yyyy)
10. Agent authorization	
required information in the section titled "Third party determination of	the Applicant(s) is/are acting on behalf of a third party or if so, have provided the
Agent name (print)	Signature of Agent
Agent number	Date (mm/dd/yyyy)

The Financial Institution guarantees repayment of the investment balance in accordance with the instructions stated herein.

Only investments which are made or are deemed to be made in the Province of Quebec are insured under the *Deposit Insurance Act* (Quebec).

SEE OVERLEAF

11. Validating Agent authorization

Another authorized agent must complete this section ONLY if the Agent is also the Client or the Corporate Signing Officer or Business Signing Officer of the Client. I hereby certify that:

- 1. I have personally met with the authorized signatories listed above;
- 2. I have seen the original identification records listed herein;
- 3. I have witnessed the individual(s) sign this document, and;
- 4. the attached hereto are true and complete copies of the required corporate documents (if applicable);
- having made reasonable inquiries, I have no reason to believe that the Applicant(s) is/are acting on behalf of a third party or if so, have provided the required information in the section titled "Third party determination questions";
- 6. I have provided a copy of the B2B Bank fee schedule (available at b2bbank.com) to the Client which lists the charges applicable to this account.

Validating Agent name (print)

Signature of Validating Agent

Validating Agent number

Date (mm/dd/yyyy)

Personal identification requirements checklist

For all new **non-registered** accounts, details of <u>two</u> pieces of <u>authentic, valid and current</u> identification are required for each applicant for **personal** accounts and for each authorized person for **business** accounts (i.e., individuals with transaction authorization such as signing officers). The following information must be provided regarding the card or document: Full name as provided on the card or document, the card or document type, unique identification number, place of issue (jurisdiction), issuing authority, issuing country, verification date, date of issue of the document (if applicable) and the expiry date (if applicable).

When opening a new non-registered account, we require details of:

- Two pieces of Type 1 documentation
- OR
- · One piece of Type 1 documentation and one piece of Type 2 documentation.

Type 1 Documentation (photo mandatory)

- Driver's Licence issued in Canada (DND 404 Driver's Licence is acceptable)
- Passport issued by Canadian or Foreign Government
- Secure Certificate of Indian Status (SCIS) issued by the Government
 of Canada
- Canadian Permanent Resident Card
- Quebec Health Card (Note: Health Cards in Quebec must be offered by clients, they cannot be requested)
- BC Services Card
- Identification Card issued by a Canadian Province or Territory (not available in Quebec)
- Citizenship Card issued prior to February 2012
- · NEXUS Card

Type 2 Documentation

- · Certificate of Canadian Citizenship or a Certification of Naturalization
- Provincial Health Card without photo issued by a province or territory excluding Ontario, Prince Edward Island, Manitoba, Nova Scotia and Yukon
- Birth Certificate issued in Canada (by the Government only, Church issued not accepted)
- Employee Identification Card issued by a recognized employer (bearing the individual's name and photograph)
- Credit card or Bank Card issued by an institutional member of Payments Canada (bearing the individual's name and signature)
- Canadian Firearms Licence (bearing the individual's name, photograph, date of birth and expiry date)
- Canadian National Institute for the Blind CNIB Card (bearing the individual's signature and photograph)
- CANPASS Air membership card issued by Canada Border Services Agency
 (bearing the individual's name, date of birth, a client's ID number and photograph)
- Veteran Service Card (bearing the individual's name, service number and photograph)
- Canadian Forces Identification Card (bearing the individual's name, photograph and Expiry date)





Corporations:

- B2B Bank Non-Registered GIC Schedule A Business Account Information
- B2B Bank Entity GIC Account Authorization
- □ Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- □ Completed and signed Form RC519 (Tax Residency
- Self-Certification for Entities)
- And 1 of the following (issued within the past 12 months): Certificate of Incorporation (if incorporated less than 1 year) Certificate of Good Standing Certificate of Status Certificate of Fact
 - Certificate of Attestation
- Company's most recent Notice of Assessment
- And 1 of the following:
 Signed Banking Resolution (Attach borrowing restriction, if any)
 Complete Section C of the B2B Bank Entity GIC Account Authorization

Partnerships:

- B2B Bank Non-Registered GIC Schedule A Business Account Information
- B2B Bank Entity GIC Account Authorization
- Terms and conditions of signatures (pursuant to the terms of the partnership agreement).
- List of all Partners forming the partnership
- □ Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- □ Completed and signed Form RC519 (Tax Residency
- Self-Certification for Entities)
 And 1 of the following:
 Certificate of Registration of Partnership
 Certificate of Status

Partnership Declaration (with copy of filing)

Notarized copy of partnership agreement

Sole Proprietorships:

- □ Copy of name registration of business with federal or provincial government or Master Business Licence
- □ Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)

Incorporated Charities or not-for-profit organizations (CRA Registered):

- Copy of the financial information from CRA website
- □ List of Directors and Officers
- B2B Bank Non-Registered GIC Schedule A Business Account Information
- B2B Bank Entity GIC Account Authorization
- Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- □ Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)
- And 1 of the following:
 Signed Banking Resolution (Attach borrowing restriction, if any)
 Complete Section C of the B2B Bank Entity GIC Account Authorization

Trust:

- B2B Bank Non-Registered GIC Schedule A Business Account Information
- Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- Copy of the Trust Agreement
- Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)

Incorporated Charities or not-for-profit organizations (non-CRA Registered):

- B2B Bank Non-Registered GIC Schedule A Business Account Information
- B2B Bank Entity GIC Account Authorization
- Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)
- And 1 of the following (issued within the past 12 months): Certificate of Incorporation (if incorporated less than 1 year) Certificate of Good Standing Certificate of Status Certificate of Fact Certificate of Attestation
 - Company's most recent Notice of Assessment
- And 1 of the following:
 Signed Banking Resolution (Attach borrowing restriction, if any)
 Complete Section C of the B2B Bank Entity GIC Account Authorization

Non-Incorporated Charities or not-for-profit organizations (i.e. Church, lodge, society, etc):

- □ B2B Bank Non-Registered GIC Schedule A Business Account Information
- □ B2B Bank Entity GIC Account Authorization
- Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)
- And 1 of the following:
 Articles of Association
 Association's original constitution and bylaws
 Copy of provincial or federal registration
 Copy of the financial information return form the previous year from CRA (CRA Registered Charities only)

Community Organizations (hockey club, etc):

- Copy of document proving existence (for example, charter, minutes of meetings establishing authorities).
- B2B Bank Non-Registered GIC Schedule A Business Account Information
- B2B Bank Entity GIC Account Authorization
- \Box Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- □ Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)

Condominium Corporation:

- □ Copy of Declaration registered at Land Titles office
- B2B Bank Non-Registered GIC Schedule A Business Account Information
- B2B Bank Entity GIC Account Authorization
- □ Copy of cheque used to purchase the investment(s)
- □ Void cheque for EFT Interest Payment Option (if applicable)
- □ Completed and signed Form RC519 (Tax Residency Self-Certification for Entities)
- And 1 of the following:
 Signed Banking Resolution (Attach borrowing restriction, if any)
 Complete Section C of the B2B Bank Entity GIC Account Authorization