



Entity GIC Account Authorization

Please refer to the Business account documentation requirements checklist on page 8 of the B2B Bank Non-Registered GIC Application

Section A: Authori	zed Rep	resentative	per	sonal	info	rmatio	on (R	equire	ed for all entit	ties)				
Business Legal name														
Business address							City				Province			Postal code
Incorporation, Registration, Entity or File number						Place	of regis	stration			Registration	n expiry	date (mm/dd/yyyy)	
Description of business														
PERSON 1														
Last name					Fi	rst name							Ir	nitial
Residential Address (street #	and name,	apt. #) (not only a	a P.O. I	Box numb	oer)								S	ince
City			Prov	vince	nce Postal co			ode Country of re			esidence			Marital status
Citizenship Social Insurance Number (required for				red for so	sole proprietor) Date of bir			of birth (mm/dd/y	birth (mm/dd/yyyy)			Home phone		
Cell phone	Cell phone Business phone Emai													
()	()					I =	1 4 .						
Name of employer					Employer telephone num				eiepnone numbe	er	Employer fax number			
Employer Address						City				F	Province	rovince Postal code		
Detailed Occupation (examples: actor, cook)						Status (examples: employed, unemployed, retired, student)								
Industry/Type of Business (e.	xamples: en	tertainment, foo	d serv	rice)		Emplo	yer ema	ail						
Please provide details of <u>two</u> checklist on page 4 for exam	of the follow ples of acce	ving original pied ptable pieces of	ces of identi	identification.	ation (i	ncluding	one wi	th phot	to). Refer to the	Per	sonal id	dentificatio	n requ	irements
1. Full name as it appears on ID					Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)				
ID Type				1	ID number					ID Expiry date (mm/dd/yyyy)				
ID Place of issue (jurisdiction)					Issuing Country					ID Verification date (mm/dd/yyyy)				
2. Full name as it appears on ID					Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)				
ID Type					ID number					ID Expiry date (mm/dd/yyyy)				
ID Place of issue (jurisdiction) Is				Issuing Country					ID Verification date (mm/dd/yyyy)					
DEDCOM 2														
PERSON 2 Last name					Te	rst name							lir	nitial
Last Hairie					''	15t Halli	5						"	ııtıaı
Residential Address (street	# and name,	apt. #) (not only	a P.O.	Box num	iber)							Since		
City				/ince	Postal co		de		Country of residence				Ма	rital status
Citizenship	Social Inst	urance Number	optior	nal)				Date o	of birth (mm/dd/)	/ууу)	l	Home pl	none)	
Cell phone	Business	phone		Email								1 \	/	
()	()												

PERSON 2 (continue	ea)												
Name of employer		Employer telephone numbe			elephone number	Employer fax number							
Employer Address				City	City			Province		Postal code			
Detailed Occupation (examples: actor, cook)				Status (e	examples	: em	nployed, unemplo	yed, ret	tired, student)	!			
Industry/Type of Business (examples: entertainment, food service) Emp				mployer email									
Please provide details of <u>two</u> checklist on page 4 for examp				ncluding o	ne with p	hoto	o). Refer to the P	ersonal	identification re	equirements			
Full name as it appears on ID				Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)				
ID Type				ID number					ID Expiry date (mm/dd/yyyy)				
ID Place of issue (jurisdiction)		Issuing Country					ID Verification date (mm/dd/yyyy)					
2. Full name as it appears on	ID		Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)					
ID Type			ID number				II	ID Expiry date (mm/dd/yyyy)					
ID Place of issue (jurisdiction)				Country				D Verifi	cation date (mn	n/dd/yyyy)			
PERSON 3													
Last name			First name							Initial			
Residential Address (street #	and name, apt. #) (not only a	a P.O. Box nu	mber)						Since				
City			Р	ostal code	Country of resid			nce		Marital status			
Citizenship Social Insurance Number (optional)			Date of birth (mm/do				f birth (mm/dd/yyy	Home phone					
Cell phone Business phone Email													
Name of employer					Employer telephone number ()			Emp (oloyer fax numb)	per			
Employer Address				City				Province		Postal code			
Detailed Occupation (examples: actor, cook)				Status (examples: employed, unemployed, retired, student)						'			
Industry/Type of Business (examples: entertainment, food service)				Employer email									
Please provide details of <u>two</u> checklist on page 4 for examp				ncluding o	ne with pl	hoto	o). Refer to the P	ersonal	identification re	equirements			
Full name as it appears on ID				Issuing authority			С	Date of issue (if applicable) (mm/dd/yyyy)					
ID Type				ID number				ID Expiry date (mm/dd/yyyy)					
ID Place of issue (jurisdiction)				Issuing Country			II	ID Verification date (mm/dd/yyyy)					
2. Full name as it appears on ID				Issuing authority			С	Date of issue (if applicable) (mm/dd/yyyy)					
ID Type				ID number			II	ID Expiry date (mm/dd/yyyy)					
ID Place of issue (jurisdiction)				Issuing Country				ID Verification date (mm/dd/yyyy)					

Section B: Deposit Agent and	Dealer Advisor information						
Agent number	Agent name	Agent email					
Dealer/Advisor number (if applicable)	Dealer name (if applicable)	Agent telephone number	Agent fax number				
Section C: Resolution and De (Required for Corporations withou	eclaration concerning purchases t a corporate resolution)	s and redemptions of GIC	s				
Extracts from the minutes of the meeti	ng of the board of directors of:						
	(Name of the legal ent	ity)					
It has been resolved that the represen Laurentian Bank of Canada (the "Final	tation of the legal entity for any account pencial Institution") are:	ertaining to GICs held, or to be he	eld, at B2B Bank or the				
1							
2							
3							
	(Enter titles rather than na	ames)					
These Representatives shall exercise, the generality of the foregoing, in partic	on behalf of the legal entity, all powers recular:	ated to the management of the I	egal entity and, without limiting				
GICs, all in accordance with the term b) to bind and oblige the legal entity to entered into by the Representative(s) c) to pay from the funds of the legal entity to consent to and to sign, on behat pertaining to the GICs or any other e) to prepare, sign and execute any do	o and for the carrying out of any contracts) with or through the Financial Institution; titly such sums as may be necessary in colf of the legal entity, any instruments of prodocuments, whenever necessary or desiral comment required to give full effect to this recial Institution to any contract:	, arrangement or transaction in connection with the GICs; urchase or redemption, any contable to effectuate the same; esolution.	respect of GICs which may be				
The powers mentioned in the forego officers may otherwise hold.	oing resolution are in addition to those	that the Representatives, adm	nistrators or authorized				
Certification and Declaration	concerning the Representative						
I, the undersigned, duly authorized sen a) the foregoing resolution was adopte any other document governing the k b) all instruments of purchase or rede accordance with the authority set ou	ior officer of the legal person/entity, hereb d by the board of directors in accordance	with the letter patent, instrument cuments signed and executed of y ratified and confirmed;	on behalf of the legal entity in				
Signed at on the day of , 20							
Name in full letters and title of authorize	ed officer						
Signature of authorized senior officer							

Section D: Declaration and Consent concerning Personal Information (Required for all entities) I/We represent and warrant that all the information set out herein or provided to the Financial Institution is true and complete. Personal Information that the Financial Institution holds regarding me/us will be used only in activities generally carried on by the Financial Institution and its affiliates, and only the employees or authorized representatives of the Financial Institution and its affiliates may have knowledge thereof provided that such information is useful or necessary to carry out their duties or to perform their mandate. Any file concerning me/us will be kept at the appropriate department at the Financial Institution's head office. At my/our written request, the Financial Institution will allow me/us to consult the information it holds about me/us which may be accessed by law, and I/we may also obtain a copy of such information provided I/we pay the fees charged by the Financial Institution for this purpose. I/We authorize the Financial Institution to use my/our social insurance number(s) for identification and data consolidation, and in the case of sole proprietor, use it also for tax reporting purposes. Date (mm/dd/yyyy) Name of Person 1 Signature Name of Person 2 Signature Date (mm/dd/yyyy) Name of Person 3 Signature Date (mm/dd/yyyy)

Deposit Agent to complete this section

I hereby certify that:

- 1) I have personally met with the persons listed above;
- 2) I have seen the original identification records listed above;
- 3) I have witnessed the persons listed above sign this document.
- 4) I have provided to the persons listed above a copy of the B2B Bank fee schedule (available at **b2bbank.com**) which lists the charges applicable to this account.

Name of Deposit Agent	Signature	Date (mm/dd/yyyy)

Personal identification requirements checklist

For all new **non-registered** accounts, details of **two** pieces of **valid** 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 business owners and signing officers). Each application must clearly indicate the Full name as provided on the ID, ID type, unique ID number, ID Place of issue (jurisdiction), Issuing authority, Issuing country, ID Verification date, Date of issue of the document (if applicable) and the ID Expiration date.

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

- One piece of Type 1 Documentation and one piece of Type 2 Documentation OR
- Two pieces of Type 1 Documentation

B2B Bank will **not** accept applications with only two pieces of Type 2 Documentation.

Type 1 Documentation

- Driver's Licence issued in Canada (DND 404 Driver's Licence is acceptable)
- Passport issued by Canadian or Foreign Government
- · Certificate of Indian Status issued by the Government of Canada
- · Canadian Permanent Residence Card
- · Quebec Health Card
- BC Services Card
- Identification Card issued by Province (not available in Quebec)
- Citizenship Card issued prior to February 2012
- NEXUS Card

[NOTE: Health Cards in Quebec must be offered by clients - they cannot be requested.]

Type 2 Documentation

- Certificate of Canadian Citizenship or Naturalization
- Provincial Health Card without photo issued by a province or territory excluding Ontario, Prince Edward Island, Manitoba and Yukon
- Birth Certificate issued in Canada only (by the Government, Church issued not accepted)
- Employee Identification Card issued by a recognized employer (bearing the individual's name and photograph)
- Old Age Security Card issued prior to 2008 (with cardholder's name and Social Insurance Number (SIN) embossed on card)
- 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 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 name of the individual, photograph and expiry date)