

B2B Bank Business HISA Information Corporations and Other Entities

| Name of Corporation/Non-Corporated: | | | | | | | | | | |
|---|--------------------------------|--------------------|---|--------------------------|---|--|--|--|--|--|
| Nature of Business (principal business activity): | | | | | | | | | | |
| Incorporation Number (only if the entity is a Corporation): | | | | | | | | | | |
| Place of Issue (only if the entity | is a Corporation): | | | | | | | | | |
| Is this a non-for-profit entity? Is the not-for-profit entity regis | | come tax purpose | es? Yes 🗌 No 🗌 | | | | | | | |
| If yes, what is the CRA Registration number? | | | | | | | | | | |
| | | | | | | | | | | |
| Please use additional forms if space is insufficient. Section 1 - For Corporations and Non-Corporate Entities | | | | | | | | | | |
| Please provide the information n entity. If any of the persons liste | oted below for each perso | n who owns or cont | | | prporation; or 25% or more of the other other entity. | | | | | |
| Mr Mrs Miss Ms | | | | | | | | | | |
| Last Name, First Name or Business | Ownership/Shares Held: % | | | | | | | | | |
| 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) | | | | | |
| Home phone number | Cell phone number | Email | | | | | | | | |
| () Faralanaa | () | | Detailed Occuration (succession) | | | | | | | |
| Employer Detailed Occupation (examples: actor, cook) | | | | | | | | | | |
| | | | | | | | | | | |
| Last Name, First Name or Business N | Name | | | Ownership/Shares Held: % | | | | | | |
| 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) | | | | | |
| Home phone number | Cell phone number | Email | | | | | | | | |
| Employer Detailed Occupation (examples: actor, cook) | | | | | | | | | | |
| Mr Mrs Miss | 🗌 Ms | | 1 | | | | | | | |
| Last Name, First Name or Business | | | | Ownership/Shares Held: % | | | | | | |
| Residence address (street # and nan | ne, apartment #) (not only a F | P.O. Box number) | | I | | | | | | |
| City | Province | Postal code | Country of residence | Citizenship | Date of birth (mm/dd/yyyy) | | | | | |
| Home phone number | Cell phone number | Email | | | | | | | | |
| Employer | \ / | 1 | Detailed Occupation (examples: actor, cook) | | | | | | | |
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| Section 2 - For Corporations Only | | | | | | | | | |
|--|-------------------------------------|----------------------------|---|------|----------|--|--|--|--|
| Please provide the information below for all of the corporation's directors (submit additional forms if required) | | | | | | | | | |
| Mr Mrs Miss Ms | | | | | | | | | |
| Last Name, First Nan | Citizenship | | | | | | | | |
| Residence address (s | street # and name, apartment #) (no | ot only a P.O. Box number) | | City | Province | | | | |
| Postal code | Date of birth (mm/dd/yyyy) | Email | | | | | | | |
| Employer | cook) | | | | | | | | |
| | | | | | | | | | |
| Last Name, First Nan | Citizenship | | | | | | | | |
| Residence address (s | City | Province | | | | | | | |
| Postal code | Date of birth (mm/dd/yyyy) | Email | | | | | | | |
| Employer | | | Detailed Occupation (examples: actor, cook) | | | | | | |
| Mr Mrs Miss Ms | | | | | | | | | |
| Last Name, First Nan | Citizenship | | | | | | | | |
| Residence address (s | Province | | | | | | | | |
| Postal code | Date of birth (mm/dd/yyyy) | Email | | | • | | | | |
| Employer | | | Detailed Occupation (examples: actor, cook) | | | | | | |
| | | | | | | | | | |

Section 3 - For Corporations and Non-Corporate Entities

If you are a Corporation or other entity (e.g. Partnership), indicate in which jurisdiction you are incorporated or organized; indicate which jurisdiction's laws would govern substantially all of your administrative issues (check one):

Canada

United States _____ (please specify U.S. jurisdiction & provide U.S. TIN)

□ Other ______ (please specify jurisdiction)

Are you a financial institution? (check one):
Yes No

Form must be signed by one of the following: (i) director or secretary of corporation; (ii) partner of partnership; or (iii) chairman, secretary, or treasurer of unincorporated association or other entity.

I, ________ (name), ________ (title) of the Entity, hereby certify that the information indicated above is complete and accurate. I undertake to advise B2B Bank in writing of any change to the information in this form.

Signature

Date (mm/dd/yyyy)