



Signing Officer Identification Form (for existing client business/entity accounts only)

ACCOUNT NUMBER Account Number:

Please provide details of two (2) pieces of valid identification (including one with photo) for each new signing officer being given authority to transact on the account in the space provided below.

Please refer to the Personal Identification Requirements Checklist on page 4 for a list of acceptable identification documents. Identification must be viewed by the Advisor or viewed/signature guaranteed by one of the Guarantors listed below.

Section A: Business	Informatio	n										
Business Legal name												
Operating as (Trade name)												
Section B: Designat	ed Advisor											
Dealer number Dealer or Company name								Email				
Advisor number Advisor name								Phone number ()		Fax number ()		
Signing Officer 1												
Last Name				First Name								Initial
Residential Address (stre	eet # and nan	ne, apt. #) (no	t only a P.O. Box	x number))							
City Province			Province	Postal code)	Dat	Date of birth (mm/dd/yyyy) Home pl			ne number	
									(()		
Cell phone	Business (phone	Fax num (ımber Email)								
Employer			<u> </u>		Detailed	d Occup	ation	(examples: acto	or, cook)			
Full name as it appears on ID				Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)			
ID Туре				ID number					ID Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction)				Issuing Country				ID Verification date (mm/dd/yyyy)				
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)			





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Signing Officer 1 (con	tinued)								
	S CERTIFICATE OF S	SIGNATURE AN individual identifie	ID IDEN ed as the	TITY V new sig	ERIFIC gning off	CATION (see list of ficer on this form, that	f acceptabl	e Guarantors the original iden	below) tification records
Signing Officer Signature		Date (mm/dd/yyy	y)						
Print Name				G	Guaranto	r Signature		Date (mr	m/dd/yyyy)
Acceptable Guarantors Lawyer Notary Public Commissioner of Oaths Medallion "Stamp" progra	• Financial ir dealer) – m Guarantee'	nstitution (bank/trustr nust affix "Signature ' stamp	/securities	Affix	stamp (or seal in the space b	elow (not ap	plicable if Guarai	ntor is a lawyer)
Oimpin of Officer O									
Signing Officer 2 Last Name	F	First Name Initial							
Residential Address (stree	t # and name, apt. #) (no	t only a P.O. Box	number)						
City Province			Pos	tal code)	Date of birth (mm/dd/yyyy)		Home phone number	
Cell phone	phone Business phone Fax number () ()			Email					
Employer					Detailed Occupation (examples: actor, cook)				
1. 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			ID Expiry date (mm/dd/yyyy)		
ID Place of issue (jurisdiction)			Issuing Country			ID Verification date (mm/dd/yyyy)			





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Signing Officer 2 (con	tinued)									
GUARANTOR'S I hereby certify that I have listed herein.	S CERTIFICATE OF a personally met with the	SIGNATURE A e individual identi	AND IDEN ified as the	TITY V new si	/ERIFIC gning off	CATION (see list of icer on this form, that	acceptabl I have seen	e Guarantors belo the original identifica	ow) tion records	
Signing Officer Signature		Date (mm/dd/y	ууу)							
Print Name				(Guaranto	or Signature		Date (mm/dd	/yyyy)	
				Affix	stamp o	r seal in the space be	low (not app	olicable if Guarantor is	s a lawyer)	
A second to the control of the contr										
Acceptable Guarantors Lawyer	• Financial	institution (bank/tro	ust/securities							
Notary Public Commissioner of Oaths	Guarante		ıre							
Medallion "Stamp" progra	am member • Advisor									
0 0.5										
Signing Officer 3 Last Name					First Nar	no.			Initial	
				'	riisi ivai	ile				
Residential Address (stree	t # and name, apt. #) (n	ot only a P.O. B	ox number)	•						
City		Province	Pos	tal cod	е	Date of birth (mm/dd	l/yyyy)	Home phone number	er	
	T=				1- "			()		
Cell phone	Cell phone Business phone Fax number				Email					
Employer					Detailed Occupation (examples: actor, cook)					
4 F	ID		laquing	a. ith a ri	:4. ,		Data of ico	us (if applicable) (mm	2/dd/\0.00\	
1. Full name as it appears on ID Issuing					ity		Date of iss	ue (if applicable) (mn	i/dd/yyyy)	
ID Type ID nur				ID number			ID Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction) Issuir				Issuing Country			ID Verification date (mm/dd/yyyy)			
2. Full name as it appears on ID Issu				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) Issu				Issuing Country				ID Verification date (mm/dd/yyyy)		





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Signing Officer 3 (continued)							
GUARANTOR'S CERTIF I hereby certify that I have personally listed herein.	ICATE OF SIGNATURE AND IDENT met with the individual identified as the r	TITY VERIFICATION (see list of according a signing officer on this form, that I have	eptable Guarantors below) re seen the original identification records				
Signing Officer Signature	Date (mm/dd/yyyy)						
Print Name		Guarantor Signature	Date (mm/dd/yyyy)				
		Affix stamp or seal in the space below	(not applicable if Guarantor is a lawyer)				
Acceptable Guarantors							
Lawyer Notary Public Commissioner of Oaths Medallion "Stamp" program member	Financial institution (bank/trust/securities dealer) – must affix "Signature Guarantee" stamp Advisor						

Personal identification requirements checklist

For all new **non-registered** accounts, details of <u>two</u> pieces of <u>valid</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 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 a new account is being opened, details of the following are required:

- 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
- Certifi cate of Indian Status issued by the Government of Canada
- · Canadian Permanent Residence Card
- Quebec Health Card
- BC Services Card
- Identifi cation 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

- Certifi cate 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)

[NOTE: Health Cards are not acceptable identification for Manitoba, Ontario, Prince Edward Island or Nova Scotia.]

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