



Letter of Direction Distribution Alliance Program (DAP) change request

Please complete, sign & email to loanpostfunding@b2bbank.com.

NOTE: Please include loan # in the subject line.

Fax to: 416.947.9476 or 1.866.941.7711

199 Bay Street, Suite 600

PO Box 279 STN Commerce Court

Toronto ON M5L 0A2

Advisor Name:

Advisor Number:

Dealer Name:

Dealer Number:

Client Name:

Investment Loan Account number and/or Pledged Account

My client(s) has/have an investment loan from B2B Bank, the proceeds of which were used to purchase investments that are pledged as collateral for the loan. My client(s) would like to redeem investments currently held as collateral for the loan and re-purchase investments in replacement thereof. All terms and conditions of their current loan agreement will remain in effect.

Redeeming From:

Re-purchasing into:

Please attach the following applicable required documentation:

<input type="checkbox"/>	This Letter of Direction: Mandatory for all Distribution Alliance Program change requests
<input type="checkbox"/>	Client Information Change form: All accounts requiring a change to Dealer and/or Advisor or any updates to the client account
<input type="checkbox"/>	Internal Transfer form: All accounts which involve a Dealer change (excluding requests for MGA to MGA, AMF to MFDA, MFDA to AMF, MFDA to MFDA and AMF to AMF)
<input type="checkbox"/>	Investment Account Application: For opening of a new pledged account within B2B Bank Dealer Services, borrower must submit a completed Investment Account Application to their Advisor

<input type="checkbox"/>	Segregated Fund Application; Assignment, Hypothecation, Acknowledgement and Direction form; and Trade Ticket (if required): For all Segregated Fund purchases
<input type="checkbox"/>	Securities Control Agreement: All accounts moving from B2B Bank pledged account to a B2B Bank Dealer Services pledged account

Please complete the mandatory AML information noted below:

Employer telephone number	
Employment industry/type of business	

Please complete the mandatory ID 1 information noted below:

Name (full name as it appears on the identification document)	
ID place of issue (jurisdiction)	
Issuing authority	
Issuing country	
ID Verification date (mm/dd/yyyy)	
Date of issue (mm/dd/yyyy)	

199 Bay Street, Suite 600, PO Box 279 STN Commerce Court Toronto ON M5L 0A2

Toll Free: 1.800.263.8349

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