

## 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:		Toronto ON M5L 0A2			
Dealer Name:		Advisor Number:			
Client Name:		Dealer Number:			
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:					
	This Letter of Direction: Mandatory for all Distribution Alliance Program change requests				
	Client Information Change form: All accounts requiring a change to Dealer and/or Advisor or any updates to the client account				
	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)				
	<b>Investment Account Application</b> : For opening of a new pledged account within B2B Bank Dealer Services, borrower must submit a completed Investment Account Application to their Advisor				
	Segregated Fund Application; Assignment, Hypotheca required): For all Segregated Fund purchases	ation, Acknowledgement and Direction form; and Trade Ticket (if			
	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					
Disease a supplete the manufacture ID A information material below.					
Please complete the mandatory ID 1 information noted below:  Name (full name as it appears on the identification document)					
	e of issue (jurisdiction)				
Issuing	authority				
Issuing country					
ID Verification date (mm/dd/yyyy)					
Date of	f issue (mm/dd/yyyy)				

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

b2bbank.com

Toll Free: 1.800.263.8349



## Letter of Direction Distribution Alliance Program (DAP) change request

Please complete the mandatory ID 2 information noted below:					
Name (full name as it appears on the iden					
ID place of issue (jurisdiction)					
Issuing authority					
Issuing country					
ID Verification date (mm/dd/yyyy)					
Date of issue (mm/dd/yyyy)					
Please complete the mandatory Declara	ation of tax residence	requireme	nts noted below:		
I am a tax resident of Canada					
I am a tax resident or a citizen of t		TIN from	the United States		
you ticked this box, give your taxp		, , ,			
number (TIN) from the United Sta					
If you do not have a TIN from the you applied for one? Yes/No	United States, have	☐ Yes	□ No		
I am a tax resident of a jurisdiction					
or the United States. If you ticked					
jurisdictions (i.e. countries) of tax taxpayer identification numbers in					
		using one	of these choices:		
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 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 identification		number	If you do not have a TIN, choose reason 1,2 or 3.		
Client's Signature Date (mn					

As per the loan agreement, the applicable provincial registration fee is charged to register the Segregated Fund Insurance Policy under the Personal Property Security Act (PPSA), or equivalent, when segregated funds are purchased using an investment loan. This fee will be deducted from the client's account on the first payment due date and any future costs for renewal or discharge will be charged to the client at that time.

This facsimile transmission is intended solely for the individual or entity to whom it is addressed and is confidential in nature. Please be advised that any distribution, reproduction, reading, disclosure or other use of this document by anyone other than the addressee thereof is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you for your assistance.

B2B Bank Dealer Services includes B2B Bank Financial Services Inc. (an MFDA member), B2B Bank Securities Services Inc. (an IIROC member, Member — Canadian Investor Protection Fund) and B2B Bank Intermediary Services Inc. (an AMF-regulated dealer operating in Quebec).

Toll Free: 1.800.263.8349

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

b2bbank.com