



Name of Trust: \_\_\_\_\_

Please use additional forms if space is insufficient.

FOR TRUSTS

Please provide a copy of the Trust Agreement along with the information noted below for all Beneficiaries.

Mr  Mrs  Miss  Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Home phone number Cell phone number Email

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code

Employer Detailed Occupation (examples: actor, cook)

Mr  Mrs  Miss  Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Home phone number Cell phone number Email

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code

Employer Detailed Occupation (examples: actor, cook)

Mr  Mrs  Miss  Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Home phone number Cell phone number Email

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code

Employer Detailed Occupation (examples: actor, cook)

Please provide a copy of the Trust Agreement along with the information noted below for all Trustees.

Mr  Mrs  Miss  Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code Country of residence

Home phone number Cell phone number Email

Employer Detailed Occupation (examples: actor, cook)



# B2B Bank Business HISA Information Trusts

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				
Last Name		First Name	Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)				
City		Province	Postal code	Country of residence
Home phone number ( )		Cell phone number ( )	Email	
Employer			Detailed Occupation (examples: actor, cook)	
Please provide a copy of the Trust Agreement along with the information noted below for all <b>Settlers</b> .				
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				
Last Name		First Name	Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)				
City		Province	Postal code	Home phone number ( )
				Cell phone number ( )
Email				
Employer			Detailed Occupation (examples: actor, cook)	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				
Last Name		First Name	Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)				
City		Province	Postal code	Home phone number ( )
				Cell phone number ( )
Email				
Employer			Detailed Occupation (examples: actor, cook)	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				
Last Name		First Name	Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)				
City		Province	Postal code	Home phone number ( )
				Cell phone number ( )
Email				
Employer			Detailed Occupation (examples: actor, cook)	

Form must be signed by one of the following: (i) director or secretary of corporation; (ii) trustee of trust; (iii) partner of partnership; or (iv) 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)