



ONLY one method required
 Copy by fax
 Original by mail/courier

Non-Financial Account Changes

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

B2B Bank Account number:

Dealer x-reference number:

Loans

Deposits

Banking Services

1. Client information

Last name	First name	Initial
Joint account holder last name (If applicable)	First name	Initial

2. New client information

Change name — primary client Change name — joint client (Please include a notarized or true copy of the original relevant legal document.)

Last name		First Name	
<input type="checkbox"/> Change mailing address <input type="checkbox"/> Change home address			
Address		City	Province
		Postal code	
Home number ()	Work number ()	Fax number ()	
Social Insurance Number (SIN)		Birth date (mm/dd/yyyy)	
<input type="checkbox"/> Change beneficiary <input type="checkbox"/> Add beneficiary			
Beneficiary name		Relationship	Beneficiary %
Beneficiary name		Relationship	Beneficiary %
Other non-financial change (please specify)			

3. Banking information changes for pre-authorized credits (PAC)/electronic fund transfers (EFT) (A void cheque must be attached.)

Effective date: mm/dd/yyyy

Change banking information at fund company for cash distributions (indicate fund codes): _____

Change banking information for Deposits Non-Registered GIC interest payment (indicate suffix)

Change banking information for Deposits RRIF payment

Financial institution		Branch address	
Transit number	Bank number	Account number	

Note: A minimum notification of ten (10) business days prior to the next PAC/EFT payment will be required to change banking information.

4. Deposit Agent or Dealer/Advisor changes

I/We wish to change my Deposit Agent on my/our B2B Bank/Laurentian Bank account to: - -

New Deposit Agent name

I/We wish to change my Dealer/Advisor on my/our B2B Bank account from: - to: -

New Dealer name		New Advisor name	
New Advisor address		City	Province
		Postal code	
New Advisor email		Telephone number ()	Fax number ()

I/We authorize B2B Bank to provide copies of statements and/or to provide account balance information to my/our new Deposit Agent or Dealer/Advisor.

5. Client authorization

The undersigned authorizes execution of the change(s) noted. I/We authorize B2B Bank to share updates to my/our mailing and home addresses, home, work and fax numbers, and Dealer/Advisor information with affiliates of B2B Bank to update their records if I/we have a B2B Bank investment loan associated with an investment account held at an affiliate of B2B Bank.

Client signature _____ Date (mm/dd/yyyy) _____

Joint client signature (if applicable) _____ Date (mm/dd/yyyy) _____


Signature guarantee

I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides. By signing this form, you attest that the assets being received have been reviewed and that your dealer is properly registered/licensed to offer, advise on and supervise these assets.

Agent/Advisor signature _____ Date (mm/dd/yyyy) _____

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Instructions on how to complete this form

		Non-Financial Account Changes <small>Fax to: 416.947.9476 or 1.866.941.7711 199 Bay Street, Suite 500 PO Box 279 STN Commerce Court Toronto ON M5L 0A2</small>	
<small>ONLY one method required</small> <input type="checkbox"/> Copy by fax <input type="checkbox"/> Original by mail/courier		B2B Bank Account number: _____ Dealer x-reference number: _____	
<input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> Banking Services			
1. Client information			
Last name		First name	Initial
Joint account holder last name (if applicable)		First name	Initial
2. New client information			
<input type="checkbox"/> Change name — primary client <input type="checkbox"/> Change name — joint client (Please include a notarized or true copy of the original relevant legal document.)			
Last name		First Name	
<input type="checkbox"/> Change mailing address <input type="checkbox"/> Change home address			
Address		City	Province
		Postal code	
Home number ()	Work number ()	Fax number ()	
Social Insurance Number (SIN)		Birth date (mm/dd/yyyy)	
<input type="checkbox"/> Change beneficiary <input type="checkbox"/> Add beneficiary			
Beneficiary name		Relationship	Beneficiary %
Beneficiary name		Relationship	Beneficiary %
Other non-financial change (please specify)			
3. Banking information changes for pre-authorized credits (PAC)/electronic fund transfers (EFT) (A void cheque must be attached.)			
Effective date:			
<input type="checkbox"/> Change banking information at fund company for cash distributions (indicate fund codes) _____			
<input type="checkbox"/> Change banking information for Deposits Non-Registered GIC interest payment (indicate suffix) _____			
<input type="checkbox"/> Change banking information for Deposits RRIF payment			
Financial institution		Branch address	
Transit number	Bank number	Account number	
<small>Note: A minimum notification of ten (10) business days prior to the next PAC/EFT payment will be required to change banking information.</small>			
4. Deposit Agent or Dealer/Advisor changes			
<input type="checkbox"/> I/we wish to change my Deposit Agent on my/our B2B Bank/Laurentian Bank account to: _____ New Deposit Agent name			
<input type="checkbox"/> I/we wish to change my Dealer/Advisor on my/our B2B Bank account from: _____ to: _____ New Dealer name			
New Advisor address		City	Province
		Postal code	
New Advisor email		Telephone number ()	Fax number ()
<input type="checkbox"/> I/we authorize B2B Bank to provide copies of statements and/or to provide account balance information to my/our new Deposit Agent or Dealer/Advisor.			
<small>The undersigned authorizes execution of the changes(s) noted. I/we authorize B2B Bank to share updates to my/our mailing and home addresses, home, work and fax numbers, and Dealer/Advisor information with affiliates of B2B Bank to update their records if I/we have a B2B Bank investment loan associated with an investment account held at an affiliate of B2B Bank.</small>		Signature guarantee	
Client signature _____ Date (mm/dd/yyyy) _____		I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides. By signing this form, you attest that the assets being received have been reviewed and that your dealer is properly registered/licensed to offer, advise on and supervise these assets.	
Joint client signature (if applicable) _____ Date (mm/dd/yyyy) _____		Agent/Advisor signature _____	Date (mm/dd/yyyy) _____
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Method of transmission

Indicate whether this form is being submitted by fax, or if the original form is being mailed or couriered to B2B Bank. Please note that B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

Account number

Provide the Client's B2B Bank/Laurentian Bank account number.

Client and account identification

Provide the information requested regarding the Client's name.

Client information changes

Name change

Complete this section to correct an input error. In the case of a legal name change, a notarized or true copy of the relevant legal document must be attached to this form. If the Client signature has changed, the Client must sign the form using the new name that appears on the legal document.

Address change

To process an address change, indicate the new address in the appropriate space. Indicate the type of address change (mailing or home).

Telephone/Fax number change

Indicate the change in the appropriate space and provide the new telephone number, including area code.

SIN/Birth date change

Complete this section to correct an input error.

Beneficiary change/addition

Provide the name and relationship of the beneficiary. In the case of multiple beneficiaries, indicate the percentage that is to be designated to each beneficiary. The Client must authorize the beneficiary change by signing this form and the signature must be witnessed by someone other than the beneficiary.

Other non-financial changes

Outline the changes by completing the **Other non-financial changes** section.

Banking information changes for pre-authorized credits (PAC)/electronic fund transfers (EFT)

Provide information regarding the Client's bank account to which they wish to have a specific transaction credited. A void cheque from a personal account imprinted with the Client's name must be attached (on a separate page) to change banking information.

For cash distributions on Investment Loans, this option is not available for no margin call, 100% interest only Investment Loans.

Deposit Agent or Dealer/Advisor changes

This section of the form is used to inform B2B Bank of a change in Deposit Agent or Dealer/Advisor.

In the case of an Investment Loan, it can be used to authorize the Advisor to buy, sell and trade investments in a B2B Bank account for the Client. Note that signatures from both the Client and the Agent/Advisor are required for authorization. Provide all requested information.

Client authorization

In addition to the date, the Client and Advisor signatures are required on this form. Also, the Dealer and Advisor numbers are required to ensure that commission and service fees are credited correctly, where applicable.