



# Know Your Client (KYC) Change Form

(This form is for use only with B2B Bank Securities Services Inc. ("B2BSSI") accounts)

## 1. APPLICANT/ANNUITANT INFORMATION

ACCOUNT NUMBER \_\_\_\_\_ (Check one)  INVESTMENT  REGISTERED  TFSA

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIALS \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

RESIDENCE TELEPHONE NUMBER \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_ COUNTRY\* \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

# OF DEPENDANTS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ LANGUAGE PREFERENCE:  ENGLISH  FRENCH

EMPLOYER'S ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

\* Any person who resides outside Canada is required to provide proof of citizenship. Contributions to a tax-free savings account by non-residents of Canada are subject to tax.

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Is the Applicant a PEFP or is the Applicant a PEFP because the Applicant is a PFM of a PEFP or is the Applicant closely associated, for personal or business reasons, with a PEFP?  NO  YES

Is the Applicant a PEDP or is the Applicant a PEDP because the Applicant is a PFM of a PEDP or is the Applicant closely associated, for personal or business reasons, with a PEDP?  NO  YES

Is the Applicant a HIO or is the Applicant a HIO because the Applicant is a PFM of a HIO or is the Applicant closely associated, for personal or business reasons, with a HIO?  NO  YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

## 2. CO-APPLICANT INFORMATION

Check box if separate sheet attached with additional applicants  
Is the Co-Applicant the spouse/common law partner of the Applicant?  NO  YES

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIALS \_\_\_\_\_

Address:  Same as Applicant, or

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

RESIDENCE TELEPHONE NUMBER \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_ COUNTRY\* \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

# OF DEPENDANTS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_

Are you designated as a Pro (licensed to sell securities)?  NO  YES

\* Any person who resides outside Canada is required to provide proof of citizenship

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or  
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Is the Co-Applicant a PEFP or is the Co-Applicant a PEFP because the Co-Applicant is a PFM of a PEFP or is the Co-Applicant closely associated, for personal or business reasons, with a PEFP?  NO  YES

Is the Co-Applicant a PEDP or is the Co-Applicant a PEDP because the Co-Applicant is a PFM of a PEDP or is the Co-Applicant closely associated, for personal or business reasons, with a PEDP?  NO  YES

Is the Co-Applicant a HIO or is the Co-Applicant a HIO because the Co-Applicant is a PFM of a HIO or is the Co-Applicant closely associated, for personal or business reasons, with a HIO?  NO  YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

**3. SPOUSAL INFORMATION**

**Applicant/Annuitant Information (Complete if spouse is not a Co-Applicant)  
 Do you have a spouse/common law partner? If yes, complete this section**

NO  YES

1-MR. 2-MRS.  
 3-MISS 4-MS.  
 5-DR. 6-PROF. LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

Address:  Same as Applicant/Annuitant, or

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Do you: (i) beneficially own; or  
 (ii) have control or direction over; or  
 (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or  
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

**Co-Applicant's Information (Complete if Co-Applicant is not Applicant's spouse)**

**Do you have a spouse/common law partner? If yes, complete this section**

NO  YES

Check box if separate sheet attached with information on additional co-applicants.

1-MR. 2-MRS.  
 3-MISS 4-MS.  
 5-DR. 6-PROF. LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

Address:  Same as Co-Applicant, or

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Do you: (i) beneficially own; or  
 (ii) have control or direction over; or  
 (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or  
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

