



Entity GIC Account Authorization

Please refer to the Business account documentation requirements checklist on page 8 of the B2B Bank Non-Registered GIC Application

Section A: Authorized Representative personal information (Required for all entities)												
Business Legal name												
Business address					City					Province	Postal code	
Incorporation, Registration, Entity or File number					Place of registration					Registration expiry date (mm/dd/yyyy)		
Description of business												
PERSON 1												
Last name					t name					Initial		
Residential Address (street #	and name, apt. #) (not only a	P.O. Bo	x number)								Since	
City Province			се	Postal code C			Country of reside	ence		Marital status		
Citizenship Social Insurance Number (required for sole			d for sole p	e proprietor) Date of birth (mm/dd			of birth (mm/dd/yy	уу)	Home phon	e		
Cell phone	Business phone	Er	mail							()		
Name of employer						Emp	oyer te	elephone number	Emp	loyer fax numb	per	
Employer Address					City	()			()		Postal code	
Employer Address					JILY	ity Province Postal c						
Detailed Occupation (example	es: actor, cook)			Status (examples: employed, unemployed, retired, student)								
Industry/Type of Business (ex	amples: entertainment, food	d service	e)	Employer email								
Please provide details of two checklist on page 4 for examp	of the following original piec bles of acceptable pieces of	ces of id identific	entification ation.	n (inc	cluding	one wi	th phot	to). Refer to the I	Personal i	dentification re	equirements	
1. Full name as it appears on ID			Issui	Issuing authority D					Date of issue (if applicable) (mm/dd/yyyy)			
ID Туре			ID ni	ID number ID					D Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction)			Issui	Issuing Country					ID Verification date (mm/dd/yyyy)			
2. Full name as it appears on ID			Issui	Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)			
ID Туре			ID nu	ID number					ID Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction)			Issui	Issuing Country					ID Verification date (mm/dd/yyyy)			
DEDSON 2												
PERSON 2 Last name				Fire	t name						Initial	
				1 113	in name							
Residential Address (street #	and name, apt. #) (not only	a P.O. Bo	ox number)							Since		
City		Provin	ce	Pos	stal cod	е		Country of reside	ence	I	Marital status	
Citizenship	Social Insurance Number (optional	I)				Date o	of birth (mm/dd/yy	уу)	Home phon ()	e	
Cell phone	Business phone	E	mail			I						
()	()											

PERSON 2 (continue	ed)											
Name of employer							Employer telephone number			oyer fax num	ber	
Employer Address				City				Province)	Postal code	
Detailed Occupation (examples: actor, cook)				Status (examples: employed, unemployed, retired, student						, student)		
Industry/Type of Business (examples: entertainment, food service) En				l nployer email								
	Please provide details of <u>two</u> of the following original pieces of identification (including one with photo). Refer to the Personal identification requirements checklist on page 4 for examples of acceptable pieces of identification.							uirements				
1. Full name as it appears on			Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)				
ID Туре			ID number					ID Expiry date (mm/dd/yyyy)				
ID Place of issue (jurisdiction)		Issuing	Issuing Country					ID Verification date (mm/dd/yyyy)			
2. Full name as it appears on	ID		Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)				
ID Туре			ID number					ID Expiry date (mm/dd/yyyy)				
ID Place of issue (jurisdiction)			Issuing Country					ID Verification date (mm/dd/yyyy)				
PERSON 3												
Last name			First name					Initial				
Residential Address (street #	and name, apt. #) (not only a	a P.O. Box nu	mber)						S	Since		
City Province			Postal code Country of re			Country of reside	sidence Marital status					
Citizenship Social Insurance Number (optional)			Date of birth (mm/dd/y					/yyy) Home phone ()				
Cell phone Business phone Email			i									
Name of employer				Employer telep			elephone number	er Employer fax number ()				
Employer Address				City				Province			Postal code	
Detailed Occupation (examples: actor, cook)				Status (examples: employed, unemployed, retired, stud						, student)		
Industry/Type of Business (examples: entertainment, food service) En				mployer email								
Please provide details of two of the following original pieces of identification (including one with photo). Refer to the Personal identification requirements checklist on page 4 for examples of acceptable pieces of identification.												
1. Full name as it appears on ID				Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)			
ID Туре			ID number					ID Expiry date (mm/dd/yyyy)				
ID Place of issue (jurisdiction)			Issuing Country					ID Verification date (mm/dd/yyyy)				
2. Full name as it appears on ID			Issuing authority					Date of issue (if applicable) (mm/dd/yyyy)				
ID Туре				ID number					ID Expiry date (mm/dd/yyyy)			
ID Place of issue (jurisdiction)			Issuing Country					ID Verification date (mm/dd/yyyy)				

Section B: Deposit Agent and	I Dealer Advisor inform	mation			
Agent number	Agent name Agent email				
Dealer/Advisor number (if applicable)	Dealer name (if applicable)		Agent telephone number ()	Agent fax number ()	
Section C: Resolution and De (Required for Corporations withou		purchases a	nd redemptions of GIC	is	
Extracts from the minutes of the meeti	ng of the board of directors o	of:			
	(Name	of the legal entity)			
It has been resolved that the represen Laurentian Bank of Canada (the "Finar	tation of the legal entity for a		ining to GICs held, or to be he	ald, at B2B Bank or the	
1					
2					
3.					
		es rather than name	es)		
These Representatives shall exercise, the generality of the foregoing, in partic		all powers relate	ed to the management of the I	egal entity and, without limiting	
a) to purchase or redeem GICs and p GICs, all in accordance with the terr	rovide maturity instructions to ms and conditions of the GIC	o the Financial Ir s;	nstitution in respect of the GI	Cs and otherwise deal with the	
b) to bind and oblige the legal entity t entered into by the Representative(sc) to pay from the funds of the legal er	s) with or through the Financ	ial Institution;	-	respect of GICs which may be	
 d) to consent to and to sign, on beha pertaining to the GICs or any other 	If of the legal entity, any inst	truments of purc	hase or redemption, any cor	tract, agreement or document	
e) to prepare, sign and execute any do	ocument required to give full	effect to this reso	blution.		
To consent and sign with the Finand	cial Institution to any contr				
		□ All toge	ther jointly.		
The powers mentioned in the forego officers may otherwise hold.	bing resolution are in addit	ion to those tha	t the Representatives, adm	inistrators or authorized	
Certification and Declaration	concerning the Repre	sentative			
 I, the undersigned, duly authorized sen a) the foregoing resolution was adopte any other document governing the let 	d by the board of directors in			of incorporation, by-laws, and	
 b) all instruments of purchase or rede accordance with the authority set out 	emption of GICs or any othe it in this authorization resolut	ion are hereby ra	atified and confirmed;		
c) the foregoing resolution is still in effe	ect and no provision not discl	losed in writing to	the Financial Institution eithe	r restricts or limits it.	
Signed at	on the	day of		, 20	
Name in full letters and title of authoriz	ed officer				
Signature of authorized senior officer					

Section D: Declaration and Consent concerning Personal Information (Required for all entities)

I/We represent and warrant that all the information set out herein or provided to the Financial Institution is true and complete. Personal Information that the Financial Institution holds regarding me/us will be used only in activities generally carried on by the Financial Institution and its affiliates, and only the employees or authorized representatives of the Financial Institution and its affiliates may have knowledge thereof provided that such information is useful or necessary to carry out their duties or to perform their mandate. Any file concerning me/us will be kept at the appropriate department at the Financial Institution's head office. At my/our written request, the Financial Institution will allow me/us to consult the information it holds about me/us which may be accessed by law, and I/we may also obtain a copy of such information provided I/we pay the fees charged by the Financial Institution for this purpose. I/We authorize the Financial Institution to use my/our social insurance number(s) for identification and data consolidation, and in the case of sole proprietor, use it also for tax reporting purposes.

Name of Person 1 Signature		Date (mm/dd/yyyy)
Name of Person 2	Signature	Date (mm/dd/yyyy)
Name of Person 3	Signature	Date (mm/dd/yyyy)
	e persons listed above; fication records listed above; listed above sign this document.	ee schedule (available at b2bbank.com) which lists the charges
Name of Deposit Agent	Signature	Date (mm/dd/yyyy)

Personal identification requirements checklist

For all new **non-registered** accounts, details of <u>two</u> pieces of <u>valid</u> identification are required for each applicant for **personal** accounts and for each authorized person for **business** accounts (i.e., individuals with transaction authorization such as business owners and signing officers). Each application must clearly indicate the Full name as provided on the ID, ID type, unique ID number, ID Place of issue (jurisdiction), Issuing authority, Issuing country, ID Verification date, Date of issue of the document (if applicable) and the ID Expiration date.

When opening a new non-registered account, we require details of:

• One piece of Type 1 Documentation and one piece of Type 2 Documentation

- OR
- Two pieces of Type 1 Documentation

B2B Bank will not accept applications with only two pieces of Type 2 Documentation.

Type 1 Documentation

- Driver's Licence issued in Canada
- Passport issued by Canadian or Foreign Government
- Certificate of Indian Status issued by the Government of Canada
- Canadian Permanent Residence Card
- Quebec Health Card (with photo ID and expiry date)
- Identification Card issued by Province (not available in Quebec)
- Citizenship Card issued prior to February 2012

[NOTE: Health Cards in Quebec must be offered by clients - they cannot be requested.]

Type 2 Documentation

- Certificate of Canadian Citizenship or Naturalization
- Provincial Health Card (that has no photo and/or expiration date)
- Birth Certificate issued in Canada only (by the Government, Church issue not accepted)
- Social Insurance Card issued by the Government of Canada
- Old Age Security Card issued prior to 2008 (contains the SIN of the individual)
- Major Credit Card (bearing the name of the individual and the individual's signature)
- College/University Student ID Card (bearing the individual's name, signature and photograph)
- · Firearms Licence issued federally with photo ID
- NEXUS Card (bearing the individual's name, photograph and passport number)
 CNIB Card
- Canadian Forces Identification Card (bearing the name of the individual, photograph and expiry date)

[NOTE: Health Cards are not acceptable identification for Manitoba, Ontario, Prince Edward Island or Nova Scotia.]