



Authorized Person Statement

The purpose of this form is to collect information which securities dealers are required by law to obtain under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and by the By-laws, Regulations and Rules of the self-regulatory organizations governing securities dealers when opening an account.

1. Client Name: _____ (“Client”)
2. Client Dealer Name: _____ (“Dealer”)
3. Account No. (if known): _____ (“Account”)

Authorized Person Identification			
<input type="checkbox"/> 1-Mr. 2-Mrs. <input type="checkbox"/> 3-Miss 4-Ms. <input type="checkbox"/> 5-Dr. 6-Prof.	Last name or Company/Organization name	First name	Initials
Residence address (street # and name, apartment #) (not only a P.O. Box number)			
City		Province	Postal code
Country of residence		Citizenship	
Date of birth (mm/dd/yyyy)	Residence telephone number	Business telephone number	
Employer			
Employer's business address			
City		Province	Postal code
Employer's telephone number	Status (examples: employed, unemployed, retired, student, never worked) <small>*If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.</small>		
Industry/Type of Business (examples: entertainment, food service)		Detailed Occupation (examples: actor, cook)	
Relationship to Client			

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

If yes, please list the Issuer(s): _____

5. Do you:
 - (a) beneficially own; or
 - (b) have control or direction over; or
 - (c) 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? YES NO

If yes, please list the Issuer(s): _____

6. Do you or as part of a group, hold or control an Issuer?

YES NO

If yes, please list the Issuer(s): _____

To: Dealer

By signing below and with respect to the Account application form of the above-noted Client to which this Authorized Person Statement is attached or is related to:

- (a) I declare the foregoing information to be true and complete and
- (b) The Dealer has the right and I hereby authorize them to conduct a credit check or obtain a credit report or credit file with respect to me and my business, if applicable, for the purposes of providing services to the Client and to verify my identity. The Dealer also has the right to use banking information, including without limitation information with respect to any deposit account I may have, in connection with the provision of services to the Client and to verify my identity and I hereby consent to the Dealer obtaining from my financial institution such information and agree that the Dealer may provide a copy or extract of this Authorized Person Statement to such financial institution to evidence such consent.

Date (mm/dd/yyyy)

Name

Signature

Dealer Use			
AUTHORIZED PERSON IDENTIFICATION – In person (attach photocopies of ID)			
1. Name (full name as it appears on the identification document)			
Type of ID	ID code	ID number	
Issuing Jurisdiction/Entity/Authority	ID place of issue	Issuing country	
Date of issue (mm/dd/yyyy)	Expiry date (mm/dd/yyyy)	Date of verification of identification (mm/dd/yyyy)	
2. Name (full name as it appears on the identification document)			
Type of ID	ID code	ID number	
Issuing Jurisdiction/Entity/Authority	ID place of issue	Issuing country	
Date of issue (mm/dd/yyyy)	Expiry date (mm/dd/yyyy)	Date of verification of identification (mm/dd/yyyy)	
Select ID Code = 1 = Driver's License, 2 = Passport, 3 = Provincial Identity Card, 4 = Citizenship Card (Issued prior to 2012) 5 = Other _____			
*Note: 1. To comply with applicable law, information must be obtained from all individuals authorized to give instructions on the account and certain beneficial owners of the client and their identities must be verified. Please attach the applicable additional forms. 2. Please complete the identity verification for each person with authority over or any financial interest in the account. 3. For additional account holders, attach a separate sheet to record the above banking information and the identity verification information for such persons.			
Identification verified through an alternative method:			
<input type="checkbox"/> Credit File <input type="checkbox"/> Dual Process <input type="checkbox"/> Agent, Mandatory or Entity			

AUTHORIZED PERSON IDENTIFICATION – Not in person

The authorized person identification requirements below are to be completed when identifying the authorized person not in person and using the Identification Product method together with the Confirmation of Deposit Account method.

Identification Product	
Name of Identification product	
Name of Entity offering product	
Search reference number	Date product used to ascertain identity (mm/dd/yyyy)
Confirmation of Deposit Account	
Name of Canadian financial institution	
Account number of deposit account (confirm same as on form)	
Date of confirmation (mm/dd/yyyy)	Name of person spoken to at financial institution

Date (mm/dd/yyyy)

Name of Individual completing identification verification

Signature

NOTE TO DEALERS AND FINANCIAL ADVISORS

This form is provided as a courtesy only and B2B Bank Financial Services Inc., B2B Bank Securities Services Inc. and B2B Bank Intermediary Services Inc. make no representations or warranties that this form or its use satisfies the requirements of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act or the By-laws, Regulations and Rules of any applicable self-regulatory organization.

It is recommended that this form only be used with the prior approval of your Compliance Department.