



# 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”)

4. The undersigned’s Canadian Financial Institution Information is set out below:

Name: \_\_\_\_\_

Financial Institution No.: \_\_\_\_\_ Transit No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

5. Is the undersigned:

- (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?

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

6. Does the undersigned:

- (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?

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

7. Does the undersigned or as part of a group, hold or control an Issuer?

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

8. Information of the undersigned.

(a) Address

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

(b) Country of Residence: \_\_\_\_\_

(c) Citizenship: \_\_\_\_\_

(d) Residence Telephone No.: \_\_\_\_\_

(e) Business Telephone No.: \_\_\_\_\_

(f) Date of Birth (mm/dd/yyyy): \_\_\_\_\_

(g) Occupation: \_\_\_\_\_

(h) Employer: \_\_\_\_\_

(i) Employer's Business Address:

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

(j) Employer's Telephone No.: \_\_\_\_\_

(k) Relationship to Client: \_\_\_\_\_

**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)**

Authorized Person Name: \_\_\_\_\_

**DOCUMENT #1**

Type of Document: \_\_\_\_\_ Document Reference No.: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Expiry Date (mm/dd/yyyy): \_\_\_\_\_

**DOCUMENT #2**

Type of Document: \_\_\_\_\_ Document Reference No.: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Expiry Date (mm/dd/yyyy): \_\_\_\_\_

**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**

(a) Name of Identification product: \_\_\_\_\_

(b) Name of Entity offering product: \_\_\_\_\_

(c) Search reference number: \_\_\_\_\_

(d) Date product used to ascertain identity (mm/dd/yyyy): \_\_\_\_\_

**CONFIRMATION OF DEPOSIT ACCOUNT**

(a) Name of Canadian financial institution: \_\_\_\_\_

(b) Account number of deposit account (confirm same as on form): \_\_\_\_\_

(c) Date of confirmation (mm/dd/yyyy): \_\_\_\_\_

(d) 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.

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