



A division of B2B Bank Securities Services Inc.

# Politically Exposed Foreign or Domestic Person or Head of an International Organization 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 before opening an account.

Client Name: \_\_\_\_\_ (“Client”)

Joint Client Name: \_\_\_\_\_ (“Joint Client”)

Account No. (if known): \_\_\_\_\_ (“Account”)

My/Our Dealer Name: \_\_\_\_\_ (“Dealer”)

I am a:

- PEFP (Politically Exposed Foreign Person)       PEDP (Politically Exposed Domestic Person)
- HIO (Head of an International Organization)

as defined in the Account application form to which this Form is attached, due to the fact that:

I am \_\_\_\_\_ ; **and/or**  
Describe position

I am a:

- PEFP (Politically Exposed Foreign Person)       PEDP (Politically Exposed Domestic Person)
- HIO (Head of an International Organization)

due to the fact that I am a prescribed family member, as defined in the said Account application form, of a PEFP/ PEDP/HIO.

Please provide:

Name of PEFP/PEDP/HIO: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Relationship to PEFP/PEDP/HIO: \_\_\_\_\_

The source of funds that have been, will be or are expected to be deposited to this Account are as follows:

\_\_\_\_\_

What is the source of your wealth? \_\_\_\_\_

### To: My/Our Dealer

By signing below and with respect to the Account application form to which this Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement is attached or is related to, I/we declare the foregoing information to be true and complete and I/we undertake to promptly advise my/our Dealer in writing of any change in the above information.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Joint Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Joint Client Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**HEAD OFFICE REVIEW AND APPROVAL**

Account No.: \_\_\_\_\_

Date Account Opened (mm/dd/yyyy): \_\_\_\_\_

Above information has been reviewed with Client/Joint Client

Date of Review with Client/Joint Client (mm/dd/yyyy): \_\_\_\_\_

Method of review (in person/telephone): \_\_\_\_\_

Confirmed by Client/Joint Client     Yes     No

If No, provide explanation: \_\_\_\_\_

Name of Employee conducting review: \_\_\_\_\_

Signature of Employee conducting review: \_\_\_\_\_

Approval of Senior Management (i.e. President, CEO, CFO, COO, CCO) to keep account open – Approval must be done within 30 days of the account being opened.

Account Approved: \_\_\_\_\_

Date (mm/dd/yyyy)

\_\_\_\_\_  
Senior Management Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Copy to Compliance