



Request for Monthly Statements

Fax to: 416.413.1723

B2B Bank Financial Services Inc. (MFDA) B2B Bank Intermediary Services Inc. (AMF) B2B Bank Securities Services Inc. (IIROC)

Indicate if the account is one of these accounts (if not, leave blank): IPP Group

1. CLIENT INFORMATION

<input type="text"/> LAST NAME	<input type="text"/> FIRST NAME	<input type="text"/> ACCOUNT NUMBER
<input type="text"/> DEALER NAME	<input type="text"/> ADVISOR NAME	<input type="text"/> DEALER #
		<input type="text"/> ADVISOR #

2. CLIENT ADDRESS

ADDRESS

<input type="text"/> CITY	<input type="text"/> PROVINCE	<input type="text"/> POSTAL CODE	<input type="text"/> COUNTRY
------------------------------	----------------------------------	-------------------------------------	---------------------------------

3. AUTHORIZATION

Action: START STOP Effective
DATE (mm/yyyy)

If STOP is selected, statement frequency will revert back to the default frequency.

4. SIGNATURES

<input type="text"/> CLIENT NAME	<input checked="" type="checkbox"/> <input type="text"/> CLIENT SIGNATURE (MANDATORY)	<input type="text"/> DATE (mm/dd/yyyy)
<input type="text"/> ADVISOR NAME	<input checked="" type="checkbox"/> <input type="text"/> ADVISOR SIGNATURE (MANDATORY)	<input type="text"/> DATE (mm/dd/yyyy)
<input type="text"/> DEALER NAME	<input checked="" type="checkbox"/> <input type="text"/> DEALER SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)