



# Trust/Other Entity Beneficial Ownership Information 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. Trust/Other Entity Name: \_\_\_\_\_ (“Entity”)
2. Entity Dealer Name: \_\_\_\_\_ (“Dealer”)
3. Account No. (if known): \_\_\_\_\_ (“Account”)
4. Section must be completed by the following individual(s):
  - (a) owns or controls, directly or indirectly, more than 25% of the Entity;
  - (b) if the entity is a partnership or trust, exercises control over the affairs of the partnership (i.e. partners) or the trust (list all trustees);
  - (c) if the entity is a trust, all settlors of the trust;
  - (d) if the entity is a trust, all known beneficiaries of the trust.

\*for additional names please attach additional sheets as required.

If any of the persons listed below is a business or other entity, please attach another form for that business or other entity.

Please consult your financial advisor for instructions with respect to the determination of the beneficial ownership or control of the Entity held indirectly through one or more corporations or other entities.

In the case of a partnership or trust, does the individual exercise control over its affairs?  Yes  No

If the Entity is a trust, the undersigned is a settlor of the trust:  Yes  No

If the entity is a Trust, please check the following for the person listed below:  
 Settlor     Beneficiary     Trustee

For Settlers, Beneficiaries and Trustees				
<input type="checkbox"/> 1-Mr. <input type="checkbox"/> 3-Miss <input type="checkbox"/> 5-Dr.	<input type="checkbox"/> 2-Mrs. <input type="checkbox"/> 4-Ms. <input type="checkbox"/> 6-Prof.	Last 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)	% Ownership/Control/Beneficiary: %		
For Settlers and Beneficiaries of Trusts only				
Employer		Status (examples: employed, unemployed, retired, student, never worked) *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.		
Industry/Type of Business (examples: entertainment, food service)		Detailed Occupation (examples: actor, cook)		

5. 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 person or company which is itself an insider or a subsidiary of such Issuer?

YES  NO

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

6. 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 25% of the voting rights attached to all of the Issuer's outstanding voting securities?  YES  NO

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

7. 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 Entity to which this Trust/Other Entity Beneficial Ownership Information 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 Entity and to verify my identity.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Dealer Use**

Received, reviewed and complete:

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

\_\_\_\_\_  
Name of Individual completing review

\_\_\_\_\_  
Signature

**NOTE TO DEALERS AND FINANCIAL ADVISORS**

This form is provided as a courtesy only and B2B Bank Financial 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.