



# Trust/Other Entity Information Statement

(not for use by a corporation)

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. Operating as (Trade Name): \_\_\_\_\_
- 3. Account No. (if known): \_\_\_\_\_ (“Account”)
- 4. Our Dealer Name: \_\_\_\_\_ (“Dealer”)
- 5. If the Entity is a trust, the names of all of the settlors of the trust are as set out below:

SETTLOR A                      Name: \_\_\_\_\_

SETTLOR B                      Name: \_\_\_\_\_

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

For each Settlor listed above, please complete and attach a Trust/Other Entity Beneficial Ownership Information Statement form.

- 6. Attached is a copy of the Entity’s trust deed, will for estate accounts, partnership agreement, articles of association or equivalent document.
- 7. Names of all Trustees if different than Settlers are listed below:

TRUSTEE A                      Name: \_\_\_\_\_

TRUSTEE B                      Name: \_\_\_\_\_

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

For each Trustee listed above, please complete and attach a Trust/Other Entity Beneficial Ownership Information Statement form.

- 8. If the Entity is not a Trust, please complete the following information:

(a) Date Business Started: \_\_\_\_\_

(b) Business Registration Number: \_\_\_\_\_

(c) Date of Registration: \_\_\_\_\_

(d) Business Fax Number: \_\_\_\_\_

- 9. The following individual(s) listed:

(a) own or control, directly or indirectly, more than 25% of the Entity.

(b) exercise control over the affairs of the partnership or trust (if the Entity is a partnership or a trust)

(c) are beneficiaries of the Entity (if the Entity is a trust)

Attach additional sheets if required.

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.

For each individual identified below, please complete and attach a Trust/Other Entity Beneficial Ownership Information Statement.

INDIVIDUAL A

Name: \_\_\_\_\_ % Ownership/Control Beneficiary: \_\_\_\_\_ %

In the case of a partnership or trust, does the individual exercise control over its affairs?

Yes  No

INDIVIDUAL B

Name: \_\_\_\_\_ % Ownership/Control Beneficiary: \_\_\_\_\_ %

In the case of a partnership or trust, does the individual exercise control over its affairs?

Yes  No

INDIVIDUAL C

Name: \_\_\_\_\_ % Ownership/Control Beneficiary: \_\_\_\_\_ %

In the case of a partnership or trust, does the individual exercise control over its affairs?

Yes  No

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

10. The Entity is a not-for-profit organization:

Yes  No

If Yes: (a) the Entity is a charity registered with Canada Revenue Agency and, if yes,

the Entity's charitable registration number is \_\_\_\_\_ ; or, if not

(b) the Entity is an organization that solicits charitable financial donations from the public:  Yes  No

**To: Dealer**

By signing below and with respect to the Account application form to which this Trust/Other Entity Information Statement is attached or is related to, I declare that I am authorized to make this Trust/Other Entity Information Statement on behalf of the above-noted Entity and the foregoing information to be true and complete and the Entity undertakes to promptly advise the Dealer in writing of any change in the above information.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

I have authority to bind the Entity.

**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.