



Know Your Client (KYC) Change Form

(This form is for use only with B2B Bank Financial Services Inc. ("B2BFSI") accounts)

1. APPLICANT/ANNUITANT INFORMATION

ACCOUNT NUMBER _____ (Check one) INVESTMENT REGISTERED TFSA

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME _____ FIRST NAME _____ INITIALS _____

ADDRESS _____ APT. _____ CITY _____ PROVINCE _____ POSTAL CODE _____

RESIDENCE TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____ COUNTRY* _____ CITIZENSHIP _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____ APT. _____ CITY _____ PROVINCE _____ POSTAL CODE _____

OF DEPENDANTS _____ E-MAIL ADDRESS _____

EMPLOYER'S NAME _____ LANGUAGE PREFERENCE: ENGLISH FRENCH

EMPLOYER'S ADDRESS _____ TYPE OF BUSINESS _____ YEARS WITH EMPLOYER _____

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION _____ CITY _____ PROVINCE _____ POSTAL CODE _____

Are you designated as a Pro (licensed to sell securities)? NO YES
Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer? NO YES
If yes, please list the Issuer(s): _____

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) 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? NO YES
If yes, please list the Issuer(s): _____
Do you or as part of a group, hold or control an Issuer? NO YES
If yes, please list the Issuer(s): _____

Is the Applicant a PEFP or is the Applicant a PEFP because the Applicant is a PFM of a PEFP or is the Applicant closely associated, for personal or business reasons, with a PEFP? NO YES

Is the Applicant a PEDP or is the Applicant a PEDP because the Applicant is a PFM of a PEDP or is the Applicant closely associated, for personal or business reasons, with a PEDP? NO YES

Is the Applicant a HIO or is the Applicant a HIO because the Applicant is a PFM of a HIO or is the Applicant closely associated, for personal or business reasons, with a HIO? NO YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

2. CO-APPLICANT INFORMATION

Check box if separate sheet attached with additional applicants
Is the Co-Applicant the spouse/common law partner of the Applicant? NO YES

1-MR. 2-MRS. 3-MISS 4-MS. 5-DR. 6-PROF. LAST NAME _____ FIRST NAME _____ INITIALS _____

Address: Same as Applicant, or
ADDRESS _____ APT. _____ CITY _____ PROVINCE _____ POSTAL CODE _____

RESIDENCE TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____ COUNTRY* _____ CITIZENSHIP _____

OF DEPENDANTS _____ E-MAIL ADDRESS _____

EMPLOYER'S NAME _____ TYPE OF BUSINESS _____ YEARS WITH EMPLOYER _____

EMPLOYER'S ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION _____

Are you designated as a Pro (licensed to sell securities)? NO YES

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) 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? NO YES
If yes, please list the Issuer(s): _____

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer? NO YES

If yes, please list the Issuer(s): _____

Do you or as part of a group, hold or control an Issuer? NO YES

If yes, please list the Issuer(s): _____

Is the Co-Applicant a PEFP or is the Co-Applicant a PEFP because the Co-Applicant is a PFM of a PEFP or is the Co-Applicant closely associated, for personal or business reasons, with a PEFP? NO YES

Is the Co-Applicant a PEDP or is the Co-Applicant a PEDP because the Co-Applicant is a PFM of a PEDP or is the Co-Applicant closely associated, for personal or business reasons, with a PEDP? NO YES

Is the Co-Applicant a HIO or is the Co-Applicant a HIO because the Co-Applicant is a PFM of a HIO or is the Co-Applicant closely associated, for personal or business reasons, with a HIO? NO YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

3. SPOUSAL INFORMATION

**Applicant/Annuitant Information (Complete if spouse is not a Co-Applicant)
 Do you have a spouse/common law partner? If yes, complete this section**

NO YES

1-MR. 2-MRS.
 3-MISS 4-MS.
 5-DR. 6-PROF. _____
 LAST NAME

 FIRST NAME

Address: Same as Applicant/Annuitant, or

 ADDRESS APT.

 CITY PROVINCE POSTAL CODE

 COUNTRY CITIZENSHIP

 DATE OF BIRTH (mm/dd/yyyy) SOCIAL INSURANCE NUMBER

 EMPLOYER'S NAME

 EMPLOYER'S ADDRESS

 TYPE OF BUSINESS YEARS WITH EMPLOYER

 NATURE OF PRINCIPAL BUSINESS OR OCCUPATION

Are you designated as a Pro (licensed to sell securities)? NO YES

Do you: (i) beneficially own; or
 (ii) have control or direction over; or
 (iii) 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? NO YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer? NO YES

If yes, please list the Issuer(s): _____

If yes, please list the Issuer(s): _____

Do you or as part of a group, hold or control an Issuer? NO YES

If yes, please list the Issuer(s): _____

Co-Applicant's Information (Complete if Co-Applicant is not Applicant's spouse)

Do you have a spouse/common law partner? If yes, complete this section

NO YES

Check box if separate sheet attached with information on additional co-applicants.

1-MR. 2-MRS.
 3-MISS 4-MS.
 5-DR. 6-PROF. _____
 LAST NAME

 FIRST NAME

Address: Same as Co-Applicant, or

 ADDRESS APT.

 CITY PROVINCE POSTAL CODE

 COUNTRY CITIZENSHIP

 DATE OF BIRTH (mm/dd/yyyy) SOCIAL INSURANCE NUMBER

 EMPLOYER'S NAME

 EMPLOYER'S ADDRESS

 TYPE OF BUSINESS YEARS WITH EMPLOYER

 NATURE OF PRINCIPAL BUSINESS OR OCCUPATION

Are you designated as a Pro (licensed to sell securities)? NO YES

Do you: (i) beneficially own; or
 (ii) have control or direction over; or
 (iii) 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? NO YES

Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer? NO YES

If yes, please list the Issuer(s): _____

If yes, please list the Issuer(s): _____

Do you or as part of a group, hold or control an Issuer? NO YES

If yes, please list the Issuer(s): _____

4. FINANCIAL INFORMATION AND INVESTMENT EXPERIENCE

Include information on you, your Co-Applicant(s) and your spouse(s). For non-personal accounts, include information on the company or organization.

a) **Gross annual income from all sources:**

- \$0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999
 \$100,000-\$149,999 \$150,000+

b) **Estimated net liquid assets: (bank accounts, T-Bills, and other assets that can be readily converted to cash without risk of loss or penalty.)**

- \$0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999
 \$100,000-\$149,999 \$150,000+

c) **Estimated net fixed assets: (the value of all your fixed assets including real estate, securities, less all of your debts including mortgages.)**

- \$0-\$24,999 \$25,000-\$74,999 \$75,000-\$149,999
 \$150,000-\$299,999 \$300,000+

d) **Estimated net worth: (d = b + c)**

- \$0-\$24,999 \$25,000-\$74,999 \$75,000-\$149,999
 \$150,000-\$299,999 \$300,000+

e) **Applicant/Annuitant's investment knowledge:**

- Low Low-Moderate Moderate Moderate-High High

f) **Co-Applicant's investment knowledge:**

- Low Low-Moderate Moderate Moderate-High High

g) **Time Horizon:**

- Less than 1 year 1 year to less than 3 years
 3 years to less than 5 years 5 years to less than 10 years
 10 years or more

h) **Risk tolerance:**

- Low Low-Moderate Moderate Moderate-High High

i) **List investment objectives:**

- _____ % Liquidity
 _____ % Safety
 _____ % Income
 _____ % Long-term Growth
 _____ % Short-term Trading
 _____ % Speculative
 _____ % Inflation Hedging
 = 100 %

5. ACCOUNT INFORMATION

a) Is this Account to be used by or on behalf of a third party(ies)? This includes a person who has a financial interest in the Account or who exerts control over the assets in the Account. NO YES

If yes, please complete and attach the supplemental form – Third Party Determination Statement.

b) Does anyone other than you, the Applicant(s)/Annuitant, have any financial interest in this account? NO YES

(If yes, name the party _____)

c) Do you have any accounts with other brokerage firms? NO YES

Account type(s): _____

d) Do you, the Applicant(s)/Annuitant, control the trading in any other B2BFSI accounts? (If yes, indicate account numbers below): NO YES

Account # _____ Account # _____

6. SHAREHOLDER COMMUNICATION INFORMATION

I agree that the choices indicated by me apply to all of the securities held in the account.

Part I – Receiving Security Holder Materials

Please mark the corresponding box to show whether you WANT to receive ALL materials sent to beneficial owners of securities, or whether you DECLINE to receive both proxy-related materials for meetings at which only routine business is to be conducted, and materials sent to security holders that are not required by corporate securities law to be sent.

- I WANT** to receive ALL security holder materials sent to beneficial owners of securities.
 I DECLINE to receive proxy-related materials for meetings at which only routine business to be conducted, and materials sent to security holders that are not required by corporate or securities law to be sent.
 (Note that the above instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer.)

Part 2 – Disclosure of Beneficial Ownership Information

Please mark the corresponding box to show whether you DO NOT OBJECT to us disclosing your name, address and securities holdings to issuers of securities you hold with us and to other persons or companies in accordance with securities law. If you indicate that you OBJECT, we are entitled to charge you the reasonable costs incurred by us to forward security holder materials to you in accordance with securities law.

- I DO NOT OBJECT** to you disclosing the information described above.
 I OBJECT to you disclosing the information described above.

7. CHANGE AUTHORIZATION

DEALER # _____ ADVISOR # _____

X _____
 SIGNATURE OF APPLICANT/ANNUITANT DATE (mm/dd/yyyy)

X _____
 SIGNATURE OF FINANCIAL ADVISOR DATE (mm/dd/yyyy)

X _____
 SIGNATURE OF CO-APPLICANT DATE (mm/dd/yyyy)

X _____
 BRANCH MANAGER APPROVAL DATE (mm/dd/yyyy)

X _____
 PARTNER'S OR DIRECTOR'S ACCEPTANCE DATE (mm/dd/yyyy)

DEFINITIONS

Investment Knowledge

Your general understanding and experience in investing, investment products, financial products and their associated risks and rewards.

Low Investment Knowledge:

You have little or no investment experience and do not have the knowledge to properly assess the risks and merits of investing.

Low to Moderate Investment Knowledge:

You have some investment experience and a basic understanding of investments including a basic understanding of the risks and rewards of investing.

Moderate Investment Knowledge:

You have several years of investment experience and are reasonably knowledgeable about investments including a moderate understanding of the risks and rewards of investing.

Moderate to High Investment Knowledge:

You have many years of investment experience and are quite knowledgeable and familiar with a wide variety of investments including a good understanding of the risks and rewards of investing.

High Investment Knowledge:

You have extensive investing experience in a wide variety of investment products and strategies and fully understand the associated risks and rewards of investing.

Time Horizon

The length of time until you expect to access a significant portion of the money invested in the account.

Risk Tolerance

This reflects your willingness to accept risk and withstand volatility in your investments.

Low Risk Tolerance:

You seek an expected rate of return on your investments with low volatility. You do not want to risk losing money over the short or long term and are willing to accept lower returns for greater safety of capital.

Low to Moderate Risk Tolerance:

You seek less than normal returns on your investments with low to moderate volatility. You have a higher risk tolerance than an investor described as low risk.

Moderate Risk Tolerance:

You seek moderate growth on your investments in the medium to long term and are willing to accept a normal level of risk and volatility.

Moderate to High Risk Tolerance:

You seek an above average rate of return over the medium to long term and are willing to accept a moderate to high level of risk and volatility.

High Risk Tolerance:

You are growth oriented and are willing to accept a high level of volatility and significant short term fluctuations in your portfolio value in exchange for potentially higher long term returns. You are willing to take substantial risks and understand that a significant portion of the capital invested may be lost.

Investment Objectives

The financial goal you want to achieve with the investments in your account.

Liquidity:

Your objective for your investments or a portion of your investments is to be quickly and easily converted into cash with little or no risk of loss.

Safety:

Your objective for your investments or a portion of your investments is to maintain its original principal amount and to minimize risk.

Income:

Your objective for your investments or a portion of your investments is to generate regular income and you are less concerned with capital appreciation.

Long Term Growth:

Your objective for your investments or a portion of your investments is capital appreciation. You are less concerned with generating income and accept increased risk and volatility of your investments returns.

Speculative:

Your objective for your investments or a portion of your investments is to maximize the eventual return of your capital. You are willing to accept a higher level of volatility and risk on your investments including the potential loss of your principal for the possibility of higher returns.

Short Term Trading:

Your objective for your investments or a portion of your investments is to maximize returns in a short period of time, usually accepting a higher level of risk for the potential of greater returns.

Inflation Hedging:

Your objective for your investments or a portion of your investments is to reduce the risk of volatility of your investments caused by inflation.