



A division of B2B Bank Securities Services Inc.

# Trust/Other Entity Authorized Signing Officer 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. Trust/Other Entity Dealer Name: \_\_\_\_\_ (“Dealer”)
3. Account No. (if known): \_\_\_\_\_ (“Account”)
4. Signing Officer Name: \_\_\_\_\_
5. The title/position with the Trust/Other Entity is as set out below:

\_\_\_\_\_ (insert title)

| Identification  |   |   |                            |
|---|---|---|----------------------------|
| 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) |
| Cell telephone number   | Residence telephone number  |   | Business telephone number  |
| Email   |   |   | Fax number                 |
| Employer  |   |   |                            |
| Employer's business address   |   |   |                            |
| City  |   | Province                                    | Postal code                |
| Employer's telephone number   | Status (examples: employed, unemployed, retired, student, never worked)<br>*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) |                            |
| Relationship to Client  |   |   |                            |

6. 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): \_\_\_\_\_

7. 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 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  YES  NO

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

8. 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 Authorized Signing Officer 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