



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 (undersigned): _____
5. The undersigned’s title/position with the Trust/Other Entity is as set out below:
 _____ (insert title)
6. Is the undersigned:
 - (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?
 If yes, please list the Issuer(s): _____
7. Does the undersigned:
 - (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?
 If yes, please list the Issuer(s): _____
8. Does the undersigned or as part of a group, hold or control an Issuer?
 If yes, please list the Issuer(s): _____
9. Information of the undersigned.
 - (a) Address: _____ City: _____
 Province: _____ Postal Code: _____ Country: _____
 - (b) Country of Residence: _____
 - (c) Citizenship: _____
 - (d) Residence Telephone No.: _____
 - (e) Cell Telephone No.: _____

(f) Business Telephone No.: _____

(g) Fax No.: _____

(h) Date of Birth (mm/dd/yyyy): _____

(i) Email Address: _____

(j) Occupation: _____

(k) Employer: _____

(l) Employer's Business Address:

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

(m) Employer's Telephone No.: _____

(n) Relationship to Client: _____

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

NOTE TO DEALERS AND FINANCIAL ADVISORS

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