



ONLY one method required
 Copy by fax
 Original by mail/courier

Non-Financial Account Changes

Fax to: 416.947.9476 or 1.866.941.7711

199 Bay Street, Suite 600

PO Box 279 STN Commerce Court

Toronto ON M5L 0A2

B2B Bank Client Account number: _____ **Dealer x-reference number:** _____

1. Client information

Last name	First name	Initial
Joint account holder last name (If applicable)	First name	Initial

2. New client information

Change name — primary client Change name — joint client (Please include a notarized or true copy of the original relevant legal document.)

Last name	First Name		
<input type="checkbox"/> Change mailing address <input type="checkbox"/> Change home address			
Address (street # and name, apartment #) (not only a P.O. Box number)	City	Province	Postal code
Home number ()	Work number ()	Fax number ()	
Social Insurance Number (SIN)	Birth date (mm/dd/yyyy)		
<input type="checkbox"/> Change beneficiary <input type="checkbox"/> Add beneficiary			
Beneficiary name	Relationship	Beneficiary %	
Beneficiary name	Relationship	Beneficiary %	
Other non-financial change (please specify)			

3. Deposit Agent or Dealer/Advisor changes

I/We wish to change my Deposit Agent on my/our B2B Bank/Laurentian Bank account to: _____ — _____ — _____ — _____
 _____ BRANCH # DEPOSIT AGENT # DEALER # ADVISOR #
 New Deposit Agent name _____

I/We wish to change my Dealer/Advisor on my/our B2B Bank account from: _____ — _____ — _____ — _____ to: _____ — _____ — _____ — _____
 _____ DEALER # ADVISOR # DEALER # ADVISOR #
 New Dealer name _____ New Advisor name _____

New Advisor address	City	Province	Postal code
New Advisor email	Telephone number ()	Fax number ()	

I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides. By signing this form, you attest that the assets being received have been reviewed and that your dealer is properly registered/licensed to offer, advise on and supervise these assets.

Agent/Advisor signature _____	Date (mm/dd/yyyy) _____	Signature guarantee
Dealer # _____	Advisor # _____	


4. Client authorization

The undersigned authorizes execution of the change(s) noted above. I/We authorize B2B Bank to:

1. Provide copies of statements and/or to provide account balance information to my/our new Deposit Agent or Dealer/Advisor set out in Section 3 if applicable.
2. Update my/our B2B Bank accounts with the personal information last provided by me/us pertaining to my/our personal address (residential and mailing), phone/cell/fax number(s) and email address.
3. Share updates to my/our personal information authorized in the above noted and Dealer/Advisor information with affiliates of B2B Bank to update their records if I/we have a B2B Bank investment loan associated with an investment account held at an affiliate of B2B Bank.

Client signature _____	Date (mm/dd/yyyy) _____	Joint client signature (if applicable) _____	Date (mm/dd/yyyy) _____
------------------------	-------------------------	--	-------------------------

Instructions on how to complete this form

		ONLY one method required <input type="checkbox"/> Copy by fax <input type="checkbox"/> Original by mail/courier		Non-Financial Account Changes Fax to: 416.947.9476 or 1.866.941.7711 199 Bay Street, Suite 600 PO Box 279 STN Commerce Court Toronto ON M5L 0A2	
B2B Bank Client Account number: _____		Dealer x-reference number: _____			
1. Client information					
Last name		First name		Initial	
Joint account holder last name (if applicable)		First name		Initial	
2. New client information					
<input type="checkbox"/> Change name — primary client <input type="checkbox"/> Change name — joint client (Please include a notarized or true copy of the original relevant legal document.)					
Last name		First Name			
<input type="checkbox"/> Change mailing address <input type="checkbox"/> Change home address					
Address (street # and name, apartment #) (not only a P.O. Box number)		City	Province	Postal code	
Home number ()		Work number ()		Fax number ()	
Social Insurance Number (SIN)			Birth date (mm/dd/yyyy)		
<input type="checkbox"/> Change beneficiary <input type="checkbox"/> Add beneficiary					
Beneficiary name		Relationship		Beneficiary %	
Beneficiary name		Relationship		Beneficiary %	
Other non-financial change (please specify)					
3. Deposit Agent or Dealer/Advisor changes					
<input type="checkbox"/> I/We wish to change my Deposit Agent on my/our B2B Bank/Laurentian Bank account to: BRANCH # _____ DEPOSIT AGENT # _____ DEALER # _____ ADVISOR # _____					
New Deposit Agent name					
<input type="checkbox"/> I/We wish to change my Dealer/Advisor on my/our B2B Bank account from: DEALER # _____ ADVISOR # _____ to: DEALER # _____ ADVISOR # _____					
New Dealer name		New Advisor name			
New Advisor address		City	Province	Postal code	
New Advisor email		Telephone number ()		Fax number ()	
I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides. By signing this form, you attest that the assets being received have been reviewed and that your dealer is properly registered/licensed to offer, advise on and supervise these assets.					
Agent/Advisor signature		Date (mm/dd/yyyy)		Signature guarantee	
Dealer # _____ Advisor # _____					
4. Client authorization					
The undersigned authorizes execution of the change(s) noted above. I/We authorize B2B Bank to:					
1. Provide copies of statements and/or to provide account balance information to my/our new Deposit Agent or Dealer/Advisor set out in Section 3 if applicable.					
2. Update my/our B2B Bank accounts with the personal information last provided by me/us pertaining to my/our personal address (residential and mailing), telephone/fax number(s) and email address.					
3. Share updates to my/our personal information authorized in the above noted and Dealer/Advisor information with affiliates of B2B Bank to update their records if I/we have a B2B Bank investment loan associated with an investment account held at an affiliate of B2B Bank.					
Client signature		Date (mm/dd/yyyy)		Joint client signature (if applicable) Date (mm/dd/yyyy)	

Method of transmission

Indicate whether this form is being submitted by fax, or if the original form is being mailed or couriered to B2B Bank. Please note that B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

Account number

Provide the Client's B2B Bank Client account number.

Section 1: Client and account identification

Provide the information requested regarding the Client's name.

Section 2: Client information changes

Name change

Complete this section to correct an input error. In the case of a legal name change, a notarized or true copy of the relevant legal document must be attached to this form. If the Client signature has changed, the Client must sign the form using the new name that appears on the legal document.

Address change

To process an address change, indicate the new address in the appropriate space. Indicate the type of address change (mailing or home). Please include full street address not just a P.O. Box number.

Telephone/Fax number change

Indicate the change in the appropriate space and provide the new telephone number, including area code.

SIN/Birth date change

Complete this section to correct an input error.

Beneficiary change/addition

Provide the name and relationship of the beneficiary. In the case of multiple beneficiaries, indicate the percentage that is to be designated to each beneficiary. The Client must authorize the beneficiary change by signing this form and the signature must be witnessed by someone other than the beneficiary.

Other non-financial changes

Outline the changes by completing the Other non-financial changes section.

Section 3: Deposit Agent or Dealer/Advisor changes

This section of the form is used to inform B2B Bank of a change in Deposit Agent or Dealer/Advisor. In the case of an Investment Loan, it can be used to authorize the Advisor to buy, sell and trade investments in a B2B Bank account for the Client. Provide all requested information. Note that signatures from both the Client and the Agent/Advisor are required to authorize a deposit agent or dealer / advisor change.

Section 4: Client authorization

In addition to the date, the Client signature is required on this form.