



B2B Bank Non-Registered GIC Schedule A Corporations and Other Entities

Name of Corporation/Entity: _____

Nature of Business (principal business activity): _____

Incorporation Number: _____ Place of Issue (only if the entity is a Corporation): _____

Information establishing the ownership, control and structure of the entity: _____

Document used for verifying the accuracy of information obtained on the Entity: _____

Proof of Existence of the Business: _____

Banking Resolution/Power to Bind the Corporation: _____

Please use additional forms if space is insufficient.

FOR CORPORATIONS AND OTHER ENTITIES

For Corporations and Non-Corporate Entities

Please provide the information noted below for each person who owns or controls: 25% or more of the voting shares of the corporation; or 25% or more of the other entity. If any of the persons listed below is a corporation or other entity, please attach another form for that corporation or other entity.

Mr Mrs Miss Ms

Last Name, First Name or Business Name Ownership/Shares Held: _____ %

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) |
|------|----------|-------------|----------------------|-------------|----------------------------|

| | | |
|--------------------------|--------------------------|-------|
| Home phone number () | Cell phone number () | Email |
|--------------------------|--------------------------|-------|

Employer Detailed Occupation (examples: actor, cook)

Mr Mrs Miss Ms

Last Name, First Name or Business Name Ownership/Shares Held: _____ %

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) |
|------|----------|-------------|----------------------|-------------|----------------------------|

| | | |
|--------------------------|--------------------------|-------|
| Home phone number () | Cell phone number () | Email |
|--------------------------|--------------------------|-------|

Employer Detailed Occupation (examples: actor, cook)

Mr Mrs Miss Ms

Last Name, First Name or Business Name Ownership/Shares Held: _____ %

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) |
|------|----------|-------------|----------------------|-------------|----------------------------|

| | | |
|--------------------------|--------------------------|-------|
| Home phone number () | Cell phone number () | Email |
|--------------------------|--------------------------|-------|

Employer Detailed Occupation (examples: actor, cook)



For Corporations and Non-Corporate Entities (continued)

Please provide the information noted below for each person who owns or controls: 25% or more of the voting shares of the corporation; or 25% or more of the other entity. If any of the persons listed below is a corporation or other entity, please attach another form for that corporation or other entity.

| | | | | | | |
|--|--|--------------------------|---|----------------------|------------------------|----------------------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | | | | | |
| Last Name, First Name or Business Name | | | | | Ownership/Shares Held: | % |
| 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) |
| Home phone number () | | Cell phone number () | | Email | | |
| Employer | | | Detailed Occupation (examples: actor, cook) | | | |

For not-for-profit organizations:
 The entity is a not-for-profit organization? Yes No
 Is the not-for-profit organization registered as a charity for income tax purposes? Yes No
 If yes, what is the CRA Registration number? _____

For Corporations Only

Please provide the information below for all of the corporation's **directors** (submit additional forms if required)

| | | | | | |
|--|----------------------------|--|---|------|-------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | | | | |
| Last Name, First Name | | | | | Citizenship |
| Residence address (street # and name, apartment #) (not only a P.O. Box number) | | | | City | Province |
| Postal code | Date of birth (mm/dd/yyyy) | | Email | | |
| Employer | | | Detailed Occupation (examples: actor, cook) | | |

| | | | | | |
|--|----------------------------|--|---|------|-------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | | | | |
| Last Name, First Name | | | | | Citizenship |
| Residence address (street # and name, apartment #) (not only a P.O. Box number) | | | | City | Province |
| Postal code | Date of birth (mm/dd/yyyy) | | Email | | |
| Employer | | | Detailed Occupation (examples: actor, cook) | | |

| | | | | | |
|--|----------------------------|--|---|------|-------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | | | | |
| Last Name, First Name | | | | | Citizenship |
| Residence address (street # and name, apartment #) (not only a P.O. Box number) | | | | City | Province |
| Postal code | Date of birth (mm/dd/yyyy) | | Email | | |
| Employer | | | Detailed Occupation (examples: actor, cook) | | |



B2B Bank Non-Registered GIC Schedule A Corporations and Other Entities

For Corporations and Non-Corporate Entities

If you are a Corporation or other entity (e.g. Partnership), indicate in which jurisdiction you are incorporated or organized; if you are a Trust, indicate which jurisdiction's laws would govern substantially all of your administrative issues (check one):

- Canada
- United States _____ (please specify U.S. jurisdiction & provide U.S. TIN)
- Other _____ (please specify jurisdiction)

Are you a financial institution? (check one): Yes No

Form must be signed by one of the following: (i) director or secretary of corporation; (ii) trustee of trust; (iii) partner of partnership; or (iv) chairman, secretary, or treasurer of unincorporated association or other entity.

I, _____ (name), _____ (title) of the Entity, hereby certify that the information indicated above is complete and accurate. I undertake to advise B2B Bank in writing of any change to the information in this form.

Signature

Date (mm/dd/yyyy)