



Name of Trust: _____

Please use additional forms if space is insufficient.

FOR TRUSTS

Please provide a copy of the Trust Agreement along with the information noted below for all Beneficiaries.

Mr Mrs Miss Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Home phone number Cell phone number Email

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code

Employer Detailed Occupation (examples: actor, cook)

Mr Mrs Miss Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Home phone number Cell phone number Email

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code

Employer Detailed Occupation (examples: actor, cook)

Mr Mrs Miss Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Home phone number Cell phone number Email

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code

Employer Detailed Occupation (examples: actor, cook)

Please provide a copy of the Trust Agreement along with the information noted below for all Trustees.

Mr Mrs Miss Ms

Last Name First Name Date of birth (mm/dd/yyyy) Citizenship

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City Province Postal code Country of residence

Home phone number Cell phone number Email

Employer Detailed Occupation (examples: actor, cook)



B2B Bank Non-Registered GIC Schedule A Trusts

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
Last Name		First Name		Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)					
City		Province	Postal code	Country of residence	
Home phone number ()		Cell phone number ()		Email	
Employer			Detailed Occupation (examples: actor, cook)		
Please provide a copy of the Trust Agreement along with the information noted below for all Settlers .					
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
Last Name		First Name		Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)					
City		Province	Postal code	Home phone number ()	Cell phone number ()
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		Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)					
City		Province	Postal code	Home phone number ()	Cell phone number ()
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		Date of birth (mm/dd/yyyy)	Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)					
City		Province	Postal code	Home phone number ()	Cell phone number ()
Email					
Employer			Detailed Occupation (examples: actor, cook)		

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)