

Client Information Change Form

Fax to: 416.413.0593

Client Services Telephone: 416.964.0028 Or 1.800.387.2087

1. ACCOUNT INFORMATION	Indicate if the	account is one of these accounts (if not, leave b	olank): Group Locked-In or RRIF IPP
L CLIENT NAME (LAST)	FIRST).
L CLIENT NAME (LAST)	FIRST	DEALER / ADV	/ISOR NO.
		red - either Client and Advisor/Authorized De	aler OR Advisor and Authorized Dealer
Change residence address Change mailing address	5		
LADDRESS			
CITY PROVINCE]	POSTAL CODE	COUNTRY
		 MBERBUS	
EMAIL ADDRESS			
You authorize B2B Bank Dealer Services ("B2BBDS") to share Loan. You authorize B2B Bank to update your B2B Bank acco number(s), and email address.	unts with your updated pers		
CLIENT SIGNATURE DATE (mm/dd	/yyyy)	L AUTHORIZED DEALER SIGNATURE (i.e. Branch Manager)	DATE (mm/dd/yyyy)
Authorized Dealer: By signing this form, you attest that client	authorization for the address	s change has been obtained.	
3. DEALER/ADVISOR NO	TE: Client and Authorized D change.	ealer must sign for a Dealer Change. Client c	or Authorized Dealer must sign for an Advisor
DEALER NAME (PLEASE PRINT)		ADVISOR NAME (PLEASE PRINT) ent account is associated with a B2B Bank i	ADVISOR NO.
CLIENT SIGNATURE DATE (mm/dd	/уууу)	ADVISOR SIGNATURE	DATE (mm/dd/yyyy)
CLIENT SIGNATURE DATE (mm/do	/yyyy)	L AUTHORIZED DEALER SIGNATURE (i.e. Branch Manager)	DATE (mm/dd/yyyy)

Authorized Dealer: 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.

4. ANNUAL ACCOUNT FEE PA		d chosen will apply to all of your ac chosen method	counts and replaces any
account will be used each year for wil June 1, which will vary based on the a will be collected from your B2BBDS a	the banking information in section 5. This bank thdrawal of annual account fees on or about applicable fee schedule provided. Unpaid fees iccount(5). Please see the Pre-Authorized w for more information on the CPA Rule H1 ayment option.	B Deduct fees from my individual B2BBDS Investment Account. NOTE: Client must sign.	Deduct fees from my B2BBDS registered account, including my B2BBDS tax-free savings account, up to the fee applicable per account, then from my B2BBDS investment account(s), if any. NOTE: Client must sign.
	on, you hereby waive any pre-notification requ	uirements as specified by sections 15(a) and (b) of	the Canadian Payments Association Rule H1
 If this is for your own personal investment, your de You have certain recourse rights if a debit does this pre-authorized debit agreement. To obtain a You confirm that all persons whose signature at You may change these instructions or cancel this information regarding your right to cancel a pre-a B2BBDS is authorized to accept changes to this and authorization requirements of the CPA. You agree that the information in this form will b rules applicable for pre-authorized debits. You acknowledge and agree that you are fully li 	not comply with this agreement. For example, you more information on your recourse rights, you may re required to authorize transactions in the bank as s plan at any time, provided that B2BBDS receives authorized debit agreement, please consult with you is agreement from my/our registered dealer or my/ou be shared with the financial institution, insofar as the able for any charges incurred if the debits cannot	Payments Association definition. If this is for business p a have the right to receive reimbursement for any debit of contact your financial institution or visit www.cdnpa	that is not authorized or is not consistent with <i>ca.</i> b obtain a copy of a cancellation form or for more ssociation website at <i>www.cdnpay.ca.</i> c, in accordance with the disclosure and necessary for the proper application of the for which you may be held accountable.
LDEPOSITOR SIGNATURE	DATE (mm/dd/yyyy)	LIENT SIGNATURE	DATE (mm/dd/yyyy)
JOINT DEPOSITOR SIGNATURE	DATE (mm/dd/yyyy)	L CLIENT SIGNATURE	DATE (mm/dd/yyyy)
ADVISOR SIGNATURE	DATE (mm/dd/yyyy)		
5. BANKING INFORMATION -	Attach a Void Cheque		
Change my banking information for the fo	llowing:	EFFECTIVE DATE (mm/dd/yyyy)	
ANNUAL ACCOUNT	RIF/LIF/LRIF/PRIF/ RLIF (EFT) SWP (INVESTM ACCOUNTS OF		ИENT
CHANGE BANKING INFORMATION AT FU	ND COMPANY FOR CASH DISTRIBUTIONS (INDICA	TE FUND CODES):	
BANK NAME You authorize B2BBDS to share updates to th		Image: Note of the second s	ent loan.
DEPOSITOR SIGNATURE	DATE (mm/dd/yyyy)	L] [
NOTE: Bank account holder(s) must sign.	(,),)))	ADVISOR SIGNATURE	DATE (mm/dd/yyyy)
6. CLIENT NAME			
PREVIOUS			
LAST NAME	FIRST NAME	PREVIOUS SIGNATU	RE
NEW			
LAST NAME NOTE: Client must sign both previous and ne	FIRST NAME w. Dealer must signature guarantee or attach a	NEW SIGNATURE]
SIGNATURE GUARANTEE	DATE (mm/dd/yyyy)	LADVISOR SIGNATURE	L I I DATE (mm/dd/yyyy)

You authorize B2B Bank Dealer Services ("B2BBDS") to share updates to your personal information with B2B Bank if your investment account is associated with a B2B Bank Investment Loan. You authorize B2B Bank to update your B2B Bank accounts with your updated personal information that includes your legal name.

SUCCESSOR ANNUITANT AND BENEFICIARY DESIGNATION (optional) – applicable only to B2BBDS Registered Accounts, with the exception of TFSA Accounts

I hereby revoke any previous successor annuitant designation and any previous beneficiary designation with respect to this account.

A For RSPs, Locked-in RSPs/LIRAs and RLSPs: In the event of my death, I hereby designate the following person as my designated beneficiary entitled to receive my interest in this Account if living at my death. I reserve the right to revoke this designation.

NAME	RELATIONSHIP

ADDRESS

Caution: Any designation made in Section 8A or 8B above is subject to the followin · For the purposes of this designation, spouse refers to a person recognized as your spou

- common-law partner for the purposes of the Income Tax Act (Canada). · The validity of a designation of a beneficiary or successor annuitant is subject to applicable pension legislation and the laws of the jurisdiction where you reside,
- permitting designations to be made otherwise than by way of a will. · In the absence of a designated beneficiary or successor annuitant, the proceeds of your
- will be paid to your estate.
- · Notwithstanding any designation by you to the contrary, your spouse (within the meanin applicable pension legislation) may automatically be entitled to the benefits under one of your Accounts including your Locked-in RSP/LIRA, RLSP, LIF, RLIF, PRIF or LRIF.
- · Your designation above will not be revoked or changed automatically by any future marr divorce. Should you wish to change your designated beneficiary or successor annuitant, have to do so by means of a new designation.
- · Any designation made above shall apply to this Account only. If you have other accounts you wish to designate a beneficiary or successor annuitant you must complete a separa designation for each of these accounts.

NOTE: Client

ent must sign.			
CLIENT SIGNATURE	DATE (mm/dd/yyyy)	ADVISOR SIGNATURE	DATE (mm/dd/yyyy)

8. SUCCESSOR HOLDER AND BENEFICIARY DESIGN

I hereby revoke	e any previous successor holder designation a	nd any previous beneficiary designation	on with respect to this B2BBDS Tax-free Savings A	Account.
successor h	of my death I hereby designate my spouse*, if livin older of this B2BBDS Tax-free Savings Account to hereof. I reserve the right to revoke this designation	acquire all rights I have as	B In the event that the successor holder designated have not named a successor holder in A, I hereby designated beneficiary entitled to receive the prov Account in the event of my death. I reserve the rig	/ designate the following person as my ceeds of this B2BBDS Tax-free Savings
SPOUSE'S NAM	E SPOUSE	S SOCIAL INSURANCE NUMBER	LNAME	RELATIONSHIP
	a person recognized as your spouse or common-law partr srson you designate as a successor holder must be your sp		ADDRESS]
In the absence of	of a designated beneficiary or successor holder, t	ne proceeds of this B2BBDS Tax-free Sa	vings Account will be paid to your Estate.	
2. \ f 3. T	way of a will. Your designation of a successor holder and/or bene future marriage or divorce. Should you wish to chan This designation of successor holder and/or bene	ficiary to this B2BBDS Tax-free Savings A ge your successor holder or beneficiary in ficiary will apply to this B2BBDS Tax-free	aws of the jurisdiction where you reside permittin account by means of this designation form will not be rev the event of a future marriage or divorce, you will have Savings Account only. If you have other tax-free savi a separate designation for each of these accounts.	voked or changed automatically by any to do so by means of a new designation.
NOTE: Client	must sign.			
CLI	IENT SIGNATURE	DATE (mm/dd/yyyy)	ADVISOR SIGNATURE	DATE (mm/dd/yyyy)

B2B Bank Dealer Services includes B2B Bank Financial Services Inc., B2B Bank Securities Services Inc., and B2B Bank Intermediary Services Inc. B2B Bank Financial Services Inc. and B2B Bank Securities Services Inc. are members of the Canadian Investment Regulatory Organization (CIRO) and members of the Canadian Investor Protection Fund (CIPF). B2B Bank Intermediary Services Inc. is operating in Quebec and regulated by the Autorité des marchés financiers (AMF). B2B Bank is a trademark used under license

- B For RIFs, LIFs, LRIFs, RLIFs and PRIFs: In the event of my death (pick one or both):
 - I hereby elect that my spouse, if living and remaining my spouse at the time of my death shall continue to receive payments as successor annuitant under my Account and to the extent possible and permitted by law shall acquire all rights I have as holder thereof. I reserve the right to revoke this designation; or

	SPOUSE'S NAME
ng: use or • the	SPOUSE'S SOCIAL INSURANCE NUMBER
i f any, r Account g of the r more of	☐ If: (a) the successor annuitant named above, if any, predeceases me or is not my spouse at the time of my death; or (b) I have not elected any successor annuitant under my Account; then I hereby designate the following person as my designated beneficiary entitled to receive my interest in this Account if living at my death. I reserve the right to revoke this designation.
iage or , you will	NAME RELATIONSHIP
s for which te	ADDRESS
	ADVISOR SIGNATURE DATE (mm/dd/yyyy)
ATION (opti	onal) – applicable only for TFSA Accounts
ciary designation	with respect to this B2BBDS Tax-free Savings Account.
В	In the event that the successor holder designated by me in A predeceases me or where I