

1. ACCOUNT INFORMATION

Indicate if the account is one of these accounts (if not, leave blank): Group Locked-In or RRIF IPP

CLIENT NAME (LAST) FIRST ACCOUNT NO.

CLIENT NAME (LAST) FIRST DEALER / ADVISOR NO.

2. CLIENT ADDRESS

NOTE: 2 signatures are required - either Client and Advisor/Authorized Dealer **OR** Advisor and Authorized Dealer

Change residence address Change mailing address

ADDRESS

CITY PROVINCE POSTAL CODE COUNTRY

CELL TELEPHONE NUMBER RESIDENCE TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER

EMAIL ADDRESS

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 personal address (residential and mailing), phone and cell number(s), and email address.

CLIENT SIGNATURE DATE (mm/dd/yyyy) ADVISOR SIGNATURE DATE (mm/dd/yyyy)

CLIENT SIGNATURE DATE (mm/dd/yyyy) 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 change has been obtained.

3. DEALER/ADVISOR

NOTE: Client and Authorized Dealer must sign for a Dealer Change. Client or Authorized Dealer must sign for an Advisor change.

DEALER NAME (PLEASE PRINT) DEALER NO. ADVISOR NAME (PLEASE PRINT) ADVISOR NO.

You authorize B2BBDS to share updates to this information with B2B Bank if your investment account is associated with a B2B Bank investment loan.

CLIENT SIGNATURE DATE (mm/dd/yyyy) ADVISOR SIGNATURE DATE (mm/dd/yyyy)

CLIENT SIGNATURE DATE (mm/dd/yyyy) 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 PAYMENT METHOD – The method chosen will apply to all of your accounts and replaces any previously chosen method

- A** Charge my chequing account as per the banking information in section 5. This bank account will be used each year for withdrawal of annual account fees on or about June 1, which will vary based on the applicable fee schedule provided. Unpaid fees will be collected from your B2BBDS account(s). Please see the Pre-Authorized Debit (PAD) Terms & Conditions below for more information on the CPA Rule H1 Requirements that apply to this fee payment option.
- B** Deduct fees from my individual B2BBDS Investment Account. **NOTE:** Client must sign.
- C** 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.

- **By selecting option A and signing this section, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.**
- You authorize B2B Bank Dealer Services ("B2BBDS") to debit the bank account provided for the amount(s) and in the frequencies instructed.
- If this is for your own personal investment, your debit will be considered a Personal PAD by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- You confirm that all persons whose signature are required to authorize transactions in the bank account have signed in below.
- You may change these instructions or cancel this plan at any time, provided that B2BBDS receives at least 10 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.ca.
- B2BBDS is authorized to accept changes to this agreement from my/our registered dealer or my/our advisor in accordance with the policies of B2BBDS, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. J'ai exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

<input type="text"/> DEPOSITOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)	<input type="text"/> CLIENT SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)
<input type="text"/> JOINT DEPOSITOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)	<input type="text"/> CLIENT SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)
<input type="text"/> ADVISOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)		

5. BANKING INFORMATION – Attach a Void Cheque

Change my banking information for the following:

- ANNUAL ACCOUNT FEE PAC PAC RIF/LIF/LRIF/PRIF/RLIF (EFT) SWP (INVESTMENT & TFSA ACCOUNTS ONLY) (EFT) LOANS (B2B BANK INVESTMENT LOAN PAYMENT)
- CHANGE BANKING INFORMATION AT FUND COMPANY FOR CASH DISTRIBUTIONS (INDICATE FUND CODES):

<input type="text"/> BANK NAME	<input type="text"/> BANK TRANSIT NO.	<input type="text"/> BANK ACCOUNT NO.
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You authorize B2BBDS to share updates to this information with B2B Bank if your investment account is associated with a B2B Bank investment loan.

<input type="text"/> DEPOSITOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)	<input type="text"/> DEPOSITOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)
		<input type="text"/> ADVISOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)

NOTE: Bank account holder(s) must sign.

6. CLIENT NAME

PREVIOUS

<input type="text"/> LAST NAME	<input type="text"/> FIRST NAME	<input type="text"/> PREVIOUS SIGNATURE
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NEW

<input type="text"/> LAST NAME	<input type="text"/> FIRST NAME	<input type="text"/> NEW SIGNATURE
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NOTE: Client must sign both previous and new. Dealer must signature guarantee or attach a legal document with client's new name.

<input type="text"/> SIGNATURE GUARANTEE	<input type="text"/> DATE (mm/dd/yyyy)	<input type="text"/> ADVISOR SIGNATURE	<input type="text"/> DATE (mm/dd/yyyy)
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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.

