



1 Account Holder Information

☐ **Beneficial Owner**

(Owning or controlling equal to or greater than 25% of the Entity)

☐ **Authorized Signing Officer**

(Individual(s) authorized to give instructions on the account)

☐ **Director**

☐ Mr. ☐ Mrs ☐ Ms. ☐ Dr. ☐ Corporate

Client ID# _____

Last Name _____ First Name _____ DOB (MM/DD/YYYY) _____ % Ownership or Control _____

Address _____ City _____ Province _____ Postal Code _____

Home _____ Mobile Phone _____ Business Phone _____ Fax _____ Email Address _____

Employer's Name _____ Occupation/Title _____ Type of business _____

Employer's Address _____ City _____ Province _____ Postal Code _____

Type Of ID _____ Unique Identifier Number _____ Place Of Issuance: _____ Expiry Date (If Any) _____

Are you a politically exposed foreign person (PEFP)? ☐ YES ☐ NO If yes, Position/Title: _____

Are you a politically exposed domestic person (PEDP)? ☐ YES ☐ NO If yes, Position/Title: _____

Are you a head of an International Organization (HIO)? ☐ YES ☐ NO If yes, Position/Title: _____

Are you a family member or close associate to a PEFP, PEDP or HIO? ☐ YES ☐ NO If yes, provide details _____

Are you a tax resident of Canada? ☐ YES ☐ NO

Are you a tax resident or a citizen of the United States? ☐ YES ☐ NO If yes, provide details _____

Are you a tax resident of a jurisdiction other than Canada or the United States? ☐ YES ☐ NO If yes, provide details _____

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4 Authorized Signing Officer(s) Signature Required

X _____
Authorized Signing Officer Signature _____ Authorized Signing Officer Name _____ MM/DD/YYYY _____

X _____
Authorized Signing Officer Signature _____ Authorized Signing Officer Name _____ MM/DD/YYYY _____

X _____
Authorized Signing Officer Signature _____ Authorized Signing Officer Name _____ MM/DD/YYYY _____

5 Dealer/Financial Advisor Signature Required

X _____
Financial Advisor Signature _____ FA Name & Dealer Number _____ MM/DD/YYYY _____

X _____
Dealer Officer/Branch Manager Signature _____ DO/BM Name _____ MM/DD/YYYY _____