

City / Town

Employer Country

Registered Deposit Brokers Association Client Information and Consent Form

RDBA Member Number			Broker Client #			
Application was completed		In person	By mail	By electronic me	By electronic means	
Client In	nformation					
Title	First Name	Middle Name(s)				
Last Name			Date of Birth Day	Month	Year	
Social Insur	rance Number					
Civic Addre	SS				Suite /Apt	
City / Town			Province	Postal Code		
Residence Telephone			Cell / Other			
Occupation			Employer Name			
Employer Civic Address					Suite /Apt	

Declaration of Tax Residence

Are you a Canadian Citizen? Yes No

Are you considered a resident for tax purposes of any country other than Canada (including a U.S. citizen or U.S. tax resident)?

Province

Postal Code

Employer Telephone

Yes No If you answered "Yes", please complete the following section

If you do not have a taxpayer identification number (TIN) for a specific jurisdiction, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.

Reason 3: Other reason.

Name of the country of residence TIN

Client Identity Verification Form attached?

Power of Attorney (if applicable)

Is there a designated Power of Attorney? Power of Attorney Form attached? No

Yes

If you do not have a TIN, choose

reáson 1, 2, or 3.

Politically Exposed Persons (PEP)

Do you, a member of your family (spouse, common-law partner, parents, children, siblings, half-siblings, spouse's or common-law partner's parents or children) or a close associate hold or have ever held one of the following positions:

On behalf of a foreign country: Head of state or government, Member of the executive council of government or member of a legislature, Deputy minister (or equivalent), Ambassador or an ambassador's attaché or counselor, Military general (or higher rank), President of a state-owned company or bank, Head of a government agency, Judge, Leader or President of a political party in a legislature.

For a Canadian federal, provincial, or territorial government or institution: Governor General, lieutenant-governor or head of federal or provincial government, Member of the Senate or House of Commons or member of a provincial legislature, Deputy minister of federal or provincial government or equivalent rank, Ambassador, or attaché or counsellor of an ambassador, Military officer with a rank of general or above, President of a corporation that is wholly owned directly by the Crown in right of Canada or a province, Head of a federal or provincial government agency, Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada, Leader or president of a political party represented in a legislature, Mayor.

The head of an international organization established by the governments of states; or the head of an institution established by an international organization.

Yes* No

*If "yes", please provide the specific details on a separate Politically Exposed Person (PEP) form, as attached.

Consent To The Collection Use And Disclosure Of Personal Information

By signing this client information and consent form below, I consent to the deposit broker collecting my personal information contained in this form and from time to time providing this information to one or more financial institutions for the sole purpose of transacting deposit business on my behalf. I also consent to the use, retention and disclosure of my personal information by such financial institutions, as is reasonably required by them in connection with the establishment and maintenance of an account in my name, to meet legal and regulatory requirements and for statistical, audit and security purposes in the manner set out in the financial institutions' published privacy policy.

I have read the above paragraph and hereby give my consent to the collection use and disclosure of the personal information contained herein. I confirm that the information provided is true and accurate and I agree to make the deposit broker aware of changes to any of the personal information contained in this form. I acknowledge that at or before entering into subsequent investments, the deposit broker will provide me with the terms and conditions applicable to each such investment and any regulatory disclosure required.

I further confirm that the deposit broker named below is authorized to accept my verbal or written instructions with respect to the investment in and / or the renewal of GIC investments.

Client / POA Signature Date

Deposit Broker Declaration

I, as an authorized representative of the deposit broker, certify that (i) in accordance with the PCMLTFA and FINTRAC's Methods to ascertain the identity of individual clients Guidelines, available at http://www.fintrac.gc.ca/publications/guide/guide11/11-eng.asp, I have used either (a) the photo ID method; or (b) the dual process method; or (c) the credit file method to verify the identity of the authorized signatory above; (ii) having made reasonable inquiries, I have no reason to believe that the client is a politically exposed person or if so, I have provided the information on an attached PEP form (iii) I have either: (a) witnessed the signatory sign this document; or (b) I have taken reasonable measures to ensure that the client or their authorized POA has electronically signed this document using a method deemed acceptable under the PCMLTFA.

Deposit Broker Company Name Representative Name

Deposit Broker Signature

Date

Form content and certification valid only when completed by an RDBA member in good standing.

RDBA Rep Code:

For Financial Institution Use Only:

Client / Customer Number

Account Number

RDBA Broker Code:

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