



ONLY one method required
☐ Copy by fax
☐ Original by mail/courier

Non-Financial Account Changes

Fax to: 416.947.9476 or 1.866.941.7711

199 Bay Street, Suite 600

PO Box 279 STN Commerce Court

Toronto ON M5L 0A2

B2B Bank Client Account number: _____

Dealer x-reference number: _____

1. Client information

Last name	First name	Initial
Joint account holder last name (If applicable)	First name	Initial

2. New client information

☐ Change name — primary client ☐ Change name — joint client (Please include a notarized or true copy of the original relevant legal document.)

Last name		First Name	
<input type="checkbox"/> Change mailing address <input type="checkbox"/> Change home address			
Address (street # and name, apartment #) (not only a P.O. Box number)		City	Province
			Postal code
Home number ()	Work number ()	Fax number ()	
Social Insurance Number (SIN)		Birth date (mm/dd/yyyy)	
<input type="checkbox"/> Change beneficiary <input type="checkbox"/> Add beneficiary			
Beneficiary name		Relationship	Beneficiary %
Beneficiary name		Relationship	Beneficiary %
Other non-financial change (please specify)			

3. Deposit Agent or Dealer/Advisor changes

☐ I/We wish to change my Deposit Agent on my/our B2B Bank/Laurentian Bank account to: _____ — _____ — _____ — _____
BRANCH # DEPOSIT AGENT # DEALER # ADVISOR #

New Deposit Agent name

☐ I/We wish to change my Dealer/Advisor on my/our B2B Bank account from: _____ — _____ — _____ — _____ to: _____ — _____ — _____ — _____
DEALER # ADVISOR # DEALER # ADVISOR #

New Dealer name		New Advisor name	
New Advisor address		City	Province
			Postal code
New Advisor email		Telephone number ()	Fax number ()

I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides. 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.

Agent/Advisor signature _____ Date (mm/dd/yyyy) _____

Signature guarantee


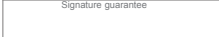
Dealer # _____ Advisor # _____

4. Client authorization

The undersigned authorizes execution of the change(s) noted. I/we authorize B2B Bank to provide copies of statements and/or to provide account balance information to my/our new Deposit Agent or Dealer/Advisor set out in Section 3 if applicable. I/We authorize B2B Bank to share updates to my/our mailing and home addresses, home, work and fax numbers, and Dealer/Advisor information with affiliates of B2B Bank to update their records if I/we have a B2B Bank investment loan associated with an investment account held at an affiliate of B2B Bank.

Client signature _____ Date (mm/dd/yyyy) _____ Joint client signature (if applicable) _____ Date (mm/dd/yyyy) _____

Instructions on how to complete this form

		Non-Financial Account Changes Fax to: 416.947.9476 or 1.866.947.7711 199 Bay Street, Suite 600 PO Box 279 STN Commerce Court Toronto ON M5L 0A2	
ONLY one method required <input type="checkbox"/> Copy by fax <input type="checkbox"/> Original by mail/courier			
B2B Bank Client Account number: _____		Dealer x-reference number: _____	
1. Client information			
Last name		First name	Initial
Joint account holder last name (if applicable)		First name	Initial
2. New client information			
<input type="checkbox"/> Change name — primary client <input type="checkbox"/> Change name — joint client (Please include a notarized or true copy of the original relevant legal document.)			
Last name		First Name	
<input type="checkbox"/> Change mailing address <input type="checkbox"/> Change home address			
Address (street # and name, apartment #) (not only a P.O. Box number)		City	Province Postal code
Home number ()	Work number ()	Fax number ()	
Social Insurance Number (SIN)		Birth date (mm/dd/yyyy)	
<input type="checkbox"/> Change beneficiary <input type="checkbox"/> Add beneficiary			
Beneficiary name		Relationship	Beneficiary %
Beneficiary name		Relationship	Beneficiary %
Other non-financial change (please specify)			
3. Deposit Agent or Dealer/Advisor changes			
<input type="checkbox"/> I/We wish to change my Deposit Agent on my/our B2B Bank/Laurentian Bank account to: BRANCH # _____ DEPOSIT AGENT # _____ DEALER # _____ ADVISOR # _____ New Deposit Agent name _____			
<input type="checkbox"/> I/We wish to change my Dealer/Advisor on my/our B2B Bank account from: DEALER # _____ ADVISOR # _____ to: DEALER # _____ ADVISOR # _____ New Dealer name _____ New Advisor name _____			
New Advisor address		City	Province Postal code
New Advisor email		Telephone number ()	Fax number ()
I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides. 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.			
Agent/Advisor signature _____		Date (mm/dd/yyyy) _____	Signature guarantee 
Dealer # _____		Advisor # _____	
4. Client authorization			
The undersigned authorizes execution of the change(s) noted. I/we authorize B2B Bank to provide copies of statements and/or to provide account balance information to my/our new Deposit Agent or Dealer/Advisor set out in Section 3 if applicable. I/We authorize B2B Bank to share updates to my/our mailing and home addresses, home, work and fax numbers, and Dealer/Advisor information with affiliates of B2B Bank to update their records if I/we have a B2B Bank investment loan associated with an investment account held at an affiliate of B2B Bank.			
Client signature _____		Date (mm/dd/yyyy) _____	Joint client signature (if applicable) _____ Date (mm/dd/yyyy) _____

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Method of transmission

Indicate whether this form is being submitted by fax, or if the original form is being mailed or couriered to B2B Bank. Please note that B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

Account number

Provide the Client's B2B Bank Client account number.

Section 1: Client and account identification

Provide the information requested regarding the Client's name.

Section 2: Client information changes

Name change

Complete this section to correct an input error. In the case of a legal name change, a notarized or true copy of the relevant legal document must be attached to this form. If the Client signature has changed, the Client must sign the form using the new name that appears on the legal document.

Address change

To process an address change, indicate the new address in the appropriate space. Indicate the type of address change (mailing or home). Please include full street address not just a P.O. Box number.

Telephone/Fax number change

Indicate the change in the appropriate space and provide the new telephone number, including area code.

SIN/Birth date change

Complete this section to correct an input error.

Beneficiary change/addition

Provide the name and relationship of the beneficiary. In the case of multiple beneficiaries, indicate the percentage that is to be designated to each beneficiary. The Client must authorize the beneficiary change by signing this form and the signature must be witnessed by someone other than the beneficiary.

Other non-financial changes

Outline the changes by completing the Other non-financial changes section.

Section 3: Deposit Agent or Dealer/Advisor changes

This section of the form is used to inform B2B Bank of a change in Deposit Agent or Dealer/Advisor. In the case of an Investment Loan, it can be used to authorize the Advisor to buy, sell and trade investments in a B2B Bank account for the Client. Provide all requested information. Note that signatures from both the Client and the Agent/Advisor are required to authorize a deposit agent or dealer / advisor change.

Section 4: Client authorization

In addition to the date, the Client signature is required on this form.