

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

B2B Bank Client Account number:

Non-Financial Account Changes Fax to: 416.947.9476 or 1.866.941.7711

Dealer x-reference number:

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

1. Client information					
Last name		First name			Initial
Joint account holder last name (If applicable)		First name			Initial
2. New client information					
$\ \square$ Change name — primary client $\ \square$ Change name –	- joint client (Please	include a notarized or true copy o	f the original rele	evant legal docume	ent.)
Last name		First Name			
☐ Change mailing address ☐ Change home a	ddress				
Address (street # and name, apartment #) (not only a P.O. Box	number)	City	Province	Postal co	de
Home number ()	Work number (Fax number ()		
Social Insurance Number (SIN)		Birth date (mm/dd/yyyy)			
☐ Change beneficiary ☐ Add beneficiary					
Beneficiary name		Relationship		Beneficiary %	
Beneficiary name		Relationship		Beneficiary %	
Other non-financial change (please specify)					
3. Deposit Agent or Dealer/Advisor changesI/We wish to change my Deposit Agent on to:	- -			-	
	ANCH #	DEPOSIT AGENT #	DEALER#	ADVISO)R #
New Deposit Agent name					
☐ I/We wish to change my Dealer/Advisor					
on my/our B2B Bank account from: _		ADVISOR # to: _	DEALER#	ADVISO	R #
New Dealer name		lew Advisor name			
New Advisor address	С	ity	Province	Postal cod	de
New Advisor email	Te	elephone number	Fax numbe	er	
	()	()		
I confirm that I am duly licensed to distribute the product attest that the assets being received have been reviewed	et the Client wishes to d and that your dealer	is properly registered/licensed to	e the Client resi offer, advise on ature guarantee	des. By signing thi and supervise the	s form, you ese assets.
Agent/Advisor signature Date (mr	n/dd/yyyy)		g		
-					
Dealer # Advisor #					
4. Client authorization					
The undersigned authorizes execution of the change(s) information to my/our new Deposit Agent or Dealer/Advihome addresses, home, work and fax numbers, and Dealinvestment loan associated with an investment account	sor set out in Section 3 ler/Advisor information	if applicable. I/We authorize B2B with affiliates of B2B Bank to up	Bank to share ι	updates to my/our r	mailing and
Client signature Date (mm/	dd/yyyy)	Joint client signature (if applicable	e) Date	(mm/dd/yyyy)	

Instructions on how to complete this form

	∟ Ongin	al by mail/courier				19	9476 or 1.866.941. 9 Bay Street, Suite STN Commerce C Toronto ON M5L
2B Bank Client Account number			Dealer x-re	eference i	number:		
1. Client information							
ast name			First name				Initial
loint account holder last name (If applica	able)		First name				Initial
2. New client information							
Change name — primary client	Change name —	joint client (Pleas	e include a notarized or tr	rue copy of	the original rele	evant legal	document.)
ast name			First Name				
Channa mailine address — —	Channa hama ada	d					
Change mailing address ddress (street # and name, apartment #) (no	Change home add		City		Province	16	Postal code
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lome number		Vork number			ax number		
)	[()	D. B. A. J.	, ()		
locial Insurance Number (SIN)			Birth date (mm/dd/yy	уу)			
	Add beneficiary						
Beneficiary name			Relationship			Beneficia	ry %
Beneficiary name			Relationship			Beneficia	ry %
Other non-financial change (please spec	7.						
I/We wish to change my Deposit Age my/our B2B Bank/Laurentian Bank a	int on to:	ICH#	DEPOSIT AGENT #		DEALER#		ADVISOR#
I/We wish to change my Deposit Age my/our B2B Bank/Laurentian Bank as New Deposit Agent name I/We wish to change my Dealer/Advison my/our B2B Bank account	ccount to:	VCH#	ADVISOR#	to:	DEALER#		ADVISOR#
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I/We wish to change my Deposit Age my/our B2B Bank/Laurentian Bank ai lew Deposit Agent name I/We wish to change my Dealer/Advison my/our B2B Bank account lew Dealer name	ent on to: CCOUNT TO: BRAN	-	ADVISOR#	to:		 	
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Wile wish to change my Deposit Age mylor 258 Benkf Jaurenian Bank ale who Poposit Agent Wile wish to change my Dealer/Advis on mylor 828 Bank account lever Bearr name New Advisor address New Advisor email	nt on to: to: BRAN	DEALER#	ADVISOR # New Advisor name City Telephone number ()		Province Fax numbe	er .	ADVISOR#
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mylour 928 Banki Jaurentian Bank a lew Deposit Agent name lew Deposit Agent name on mylour 828 Bank account lew Dader name New Advisor address New Advisor email confirm that I am duly licensed to distrittest that the assets beling received hav Agent/Advisor signature	Int on Io: BROW Brow	DEALER # DEA	ADVISOR # New Advisor name City Telephone number ()) properly registeredfil ### properly registeredfil ### properly registeredfil ### properly registeredfil ### properly registeredfil #### properly registeredfil #### properly registeredfil #### properly registeredfil #### properly registeredfil ##### properly registeredfil ####################################	Signal	DEALER# Province Fax numbe ()) the Client resistoffer, advise on ture guarantee	des. By si a and supe	ADVISOR # Postal code gning this form, ye vivise these assets account balance my/our mailing an

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.