HOME TRUST

Corporation Information and Consent Form

BROKER NUMBER:_____ RDBA Broker Code_____ RDBA Rep Code_____

Corporation information (for the purpose of ☐ Opening an investment account ☐ Other(please state)_____

Corporation Name	Date of Incorporation	Nature of Business	B.I.N. Number

Address	City	Province	Postal Code	Telephone

Is this entity a "Not for profit" or a charitable organization? ❑Yes ❑ No

If "Yes" is this entity registered under the Income Tax Act? ❑Yes ❑No

If "Yes" ensure the CRA Registration_____

Does the Entity solicit donations from the public? ❑Yes ❑No

***All documentation provided must be less than 2 years of age or the investment will be declined.**

❑Corporate records showing the provisions that relate to the power to bind the corporation ❑Articles of Incorporation ❑Corporate Tax Return ❑Master Business License ❑Other_____

**The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA) requires disclosure of all beneficial owners with an ownership of 25% and greater, if there are more than 3 beneficial owners with over 25% ownership please attach another form.

Individual Owners / Power to Bind

Owner 1 ❑ Mr. ❑ Mrs. ❑Miss ❑Ms. ❑ Dr. ❑ Other _____ Are you a United States Person ❑ Yes ❑ No Citizenship_____

First Name	Last Name	SIN	Date of Birth (DD/MM/YYYY)

Address	City	Province	Country	Postal Code

Telephone No. (Residence)	Telephone No. (Business)	Email Address (optional)

I. D. Type #1	I.D. Number #1	Place of I.D. Issuance (Country and Province)#1

I. D. Type #2	I.D. Number #2	Place of I.D. Issuance (Country and Province)#2

Owner 2 ❑ Mr. ❑ Mrs. ❑Miss ❑Ms. ❑ Dr. ❑ Other _____ Are you a United States Person ❑ Yes ❑No Citizenship_____

First Name	Last Name	SIN	Date of Birth (DD/MM/YYYY)

Address	City	Province	Country	Postal Code

Telephone No. (Residence)	Telephone No. (Business)	Email Address (optional)

I. D. Type #1	I.D. Number #1	Place of I.D. Issuance (Country and Province)#1

I. D. Type #2	I.D. Number #2	Place of I.D. Issuance (Country and Province)#2

Owner 3 ❑ Mr. ❑ Mrs. ❑Miss ❑Ms. ❑ Dr. ❑ Other _____ Are you a United States Person ❑ Yes ❑ No Citizenship_____

First Name	Last Name	SIN	Date of Birth (DD/MM/YYYY)

Address	City	Province	Country	Postal Code

Telephone No. (Residence)	Telephone No. (Business)	Email Address (optional)

I. D. Type #1	I.D. Number #1	Place of I.D. Issuance (Country and Province)#1

I. D. Type #2	I.D. Number #2	Place of I.D. Issuance (Country and Province)#2

Consent to the collection, use and disclosure of information:

BY SIGNING THIS CLIENT INFORMATION AND CONSENT FORM BELOW, I/ WE CONSENT TO THE DEPOSIT BROKER COLLECTING MY/ OUR PERSONAL INFORMATION CONTAINED IN THIS FORM AND FROM TIME TO TIME PROVIDING THIS INFORMATION TO HOME TRUST COMPANY FOR THE SOLE PURPOSE OF TRANSACTING DEPOSIT BUSINESS ON OUR BEHALF. I/ WE ALSO CONSENT TO THE USE, RETENTION AND DISCLOSURE OF MY/ OUR PERSONAL INFORMATION BY HOME TRUST COMPANY, AS IS REASONABLY REQUIRED BY THEM IN CONNECTION WITH THE ESTABLISHMENT AND MAINTAINANCE OF AN ACCOUNT IN MY/ OUR NAME, TO MEET LEGAL AND REGULATORY AND FOR STATISTICAL, AUDIT AND SECURITY PURPOSES IN THE MANNER SET OUT IN HOME TRUST COMPANY'S PUBLISHED PRIVACY POLICY. I/WE HAVE READ THE ABOVE PARAGRAPH AND HEREBY GIVE MY/ OUR CONSENT TO THE COLLECTION USE AND DISCLOSURE OF THE PERSONAL INFORMATION CONTAINED HEREIN. I/WE CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND I/ WE AGREE TO MAKE THE DEPOSIT BROKER AWARE OF CHANGES TO ANY OF THE PERSONAL INFORMATION CONTAINED IN THIS FORM. I/WE ACKNOWLEDGE THAT AT OR BEFORE ENTERING INTO SUBSEQUENT INVESTMENTS, THE DEPOSIT BROKER WILL PROVIDE ME/ US WITH THE TERMS AND CONDITIONS APPLICABLE TO EACH SUCH INVESTMENT AND ANY REGULATORY DISCLOSURE REQUIRED.

I/WE, MY SPOUSE OR COMMON-LAW PARTNER, PARENTS, CHILDREN, BROTHERS OR SISTERS OR HALF- BROTHER OR HALF-SISTER OR MY SPOUSE'S MOTHER OR FATHER IS OR HAS BEEN ONE OF THE FOLLOWING FOR A COUNTRY *OTHER THAN CANADA*; A HEAD OF STATE OR GOVERNMENT, A MEMBER OF THE EXECUTIVE COUNCIL OF FOREIGN GOVERNMENT OR A MEMBER OF A LEGISLATURE; A DEPUTY MINISTER OR EQUIVALENT; AN AMBASSADOR; AN AMBASSADOR'S ATTACHÉ' OR COUNCILOR; OBTAINED THE RANK OF GENERAL OR HIGHER IN FOREIGN MILITARY; A PRESIDENT OF A STATE OWNED COMPANY OR BANK; A HEAD OF A GOVERNMENT AGENCY; A JUDGE OR A LEADER OR PRESIDENT OF A POLITICAL PARTY IN A LEGISLATURE. **IF *"YES"* PLEASE PROVIDE THE SPECIFIC DETAILS. .** ❑ No ❑ Yes

I/ WE FURTHER CONFIRM THAT THE DEPOSIT BROKER NAMED BELOW IS AUTHORIZED TO ACCEPT MY/OUR VERBAL OR WRITTEN INSTRUCTIONS WITH RESPECT TO THE INVESTMENT IN AND/ OR THE RENEWAL OF GIC INVESTMENTS. WHERE INVESTMENTS ARE REGISTERED TO TWO OR MORE PERSONS AND THE WORDS "AND/OR", '& OR" OR "OR' APPEAR BETWEEN THE NAMES OF THE REGISTERED OWNERS, INTEREST AND PRINCIPAL MAY BE PAID TO OR TO THE ORDER OF ANY ONE OF THEM AND THE RECEIPT OF SUCH PAYMENT SHALL BE A VALID DISCHARGE. THE DEPOSIT BROKER OR THE FINANCIAL INSTITUTION MAY TAKE INSTRUCTIONS FROM OR DEAL WITH, ANY JOINT OWNER ON ALL MATTERS CONCERNING THE INVESTMENT.

1ST OWNER SIGNATURE:	**JOINT OWER SIGNATURE:**	**DATE:**
2ND OWNER SIGNATURE:	**JOINT OWER SIGNATURE:**	**DATE:**
3RD OWNER SIGNATURE:	**JOINT OWER SIGNATURE:**	**DATE:**

BROKER DECLARATION AND SIGNATURE:

UNLESS OTHERWISE STATED ABOVE, I, AS AUTHORIZED REPRESENTATIVE OF THE DEPOSIT BROKER ACCEPTING THIS TRANSACTION, HAVE TAKEN REASONABLE MEASURES AND CERTIFY THAT (i) I HAVE NO REASON TO BELIEVE THAT THE ACCOUNT HOLDER(S) ARE ACTING ON BEHALF OF A THIRD PARTY OR IF SO HAVE PROVIDED THE REQUIRED INFORMATION ON AN ATTACHED THIRD PARTY FORM (ii) THE ACCOUNT HOLDER(S) ABOVE ARE NOT POLITICALLY EXPOSED FOREIGN PERSONS OR IF SO HAVE PROVIDED THE INFORMATION ON AN ATTACHED PEFP FORM (iii) THE INTENT OF THIS ACCOUNT IS FOR SAVING/INVESTMENT FOR THE SOLE USE OF THE APPLICANTS (S) LISTED ABOVE (iv) CASH HAS NOT BEEN ACCEPTED AS A SOURCE OF FUNDS FOR THIS INVESTMENT AND (v) I HAVE FULLY EXPLAINED THE TERMS AND CONDITIONS OF THIS INVESTMENT WITH HOME TRUST COMPANY.
(VI) I HAVE ADVISED THE CLIENT(S) LISTED ABOVE, ON BEHALF OF THE ISSUER, OF ALL RELEVENT DISCLOSURES AS PER THE DEPOSIT TYPE INSTRUMENTS REGULATIONS

DEPOSIT BROKER NAME:	**DEPOSIT BROKER SIGNATURE:**
BROKER PHONE NUMBER:	**DATE:**

Form Date 2011-09