

Authorized Signatory Form



Broker Name _____ Broker Number _____

New Amendment

Please complete all sections on this application (If there are more than two authorized signatories, please complete another form):

Power of Attorney Executor Other _____

Authorized Signatory 1

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____					DATE OF BIRTH (MM/DD/YY)	
FIRST NAME			LAST NAME		EMAIL ADDRESS	
CIVIC ADDRESS					PHONE NUMBER: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
CITY	PROVINCE	COUNTRY	POSTAL CODE	COUNTRY & PROV/ STATE OF RESIDENCE (FOR TAXATION)	PHONE NUMBER: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
OCCUPATION (Please be specific, e.g., 'Medical Technician')			EMPLOYER NAME		EMPLOYER ADDRESS	
IDENTIFICATION TYPE			IDENTIFICATION NUMBER		ISSUING JURISDICTION & COUNTRY	EXPIRY DATE (MM/DD/YY)

Authorized Signatory 2

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____					DATE OF BIRTH (MM/DD/YY)	
FIRST NAME			LAST NAME		EMAIL ADDRESS	
CIVIC ADDRESS					PHONE NUMBER: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
CITY	PROVINCE	COUNTRY	POSTAL CODE	COUNTRY & PROV/ STATE OF RESIDENCE (FOR TAXATION)	PHONE NUMBER: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
OCCUPATION (Please be specific, e.g., 'Medical Technician')			EMPLOYER NAME		EMPLOYER ADDRESS	
IDENTIFICATION TYPE			IDENTIFICATION NUMBER		ISSUING JURISDICTION & COUNTRY	EXPIRY DATE (MM/DD/YY)

Politically exposed Persons & heads of international Organizations declaration (You must check yes or no)

Are you a Politically exposed Person (PEP), a head of an international Organization (HIO), or a family member or close associate to a PEP or HIO?

A PEP is an individual who holds or has held office or a senior position in the government of a foreign state or federal, provincial or municipal government of Canada; or prescribed positions in the military, or judiciary; is a head, leader or president of an international organization (HIO), established by the governments of multiple nations or states; or a specific family member of the PEP or HIO. Please refer to the section titled 'Definitions' in the Terms and Conditions for further clarification on definitions of PEP, HIO, family members and close associates.

*If yes, you must complete a separate Politically Exposed Persons Declaration Form, which you can find at hometrusted.ca.

Authorized Signatory 1

Yes* No

Authorized Signatory 2

Yes* No

Please sign below – Acknowledgement and authorization

By signing this form below, I/we consent to the collection of the personal information contained in this form by Home Trust Company. I/we also consent to the use, retention and disclosure of my/our personal information by Home Trust Company, as is reasonably required in connection with the establishment and maintenance of an account, to meet legal and regulatory requirements, to market other products and services, and for statistical, audit and security purposes in the manner set out in the Home Trust Company Privacy Code. To receive a copy of the Privacy Code please visit the Home Trust Company website at hometrusted.ca or call 1-855-270-3629.

I/we confirm that the information provided is true, accurate and the intent of this investment is for savings. I/we agree to make Home Trust Company aware of changes to any of the personal information contained in this form.

AUTHORIZED SIGNATORY 1	DATE (MM/DD/YY)	AUTHORIZED SIGNATORY 2	DATE (MM/DD/YY)
X		X	

Broker declaration

I certify that I have personally met with the Authorized Signatory(ies) listed above, I have seen the original, valid and unexpired identification listed above; and have witnessed the signing of this application.

REPRESENTATIVE NAME	REPRESENTATIVE SIGNATURE	REPRESENTATIVE CODE	TELEPHONE	DATE OF VERIFICATION (MM/DD/YY)