



REGISTERED DEPOSIT BROKERS ASSOCIATION

Heritage Group Financial Services Ottawa

Client Information and Consent Form

100, 666 Kirkwood Avenue, Ottawa, ON, K1Z 5X9

P: 613722999 F: 613.722.2107

PRIMARY OWNER INFORMATION

Form fields for Primary Owner Information: SURNAME, FIRST NAME, INITIAL, HOME PHONE #, CIVIC ADDRESS, BUS. PHONE #, DOB, SIN, OCCUPATION / PRINC. BUS., NAME AND ADDRESS OF EMPLOYER.

RESIDENCY INFORMATION FOR TAXATION PURPOSES

COUNTRY & PROVINCE OR STATE OF RESIDENCE CANADA, ARE YOU A UNITED STATES PERSON? YES NO

PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT (PCMLTFA) REQUIRES THE VERIFICATION OF IDENTIFICATION ISSUED BY A CANADIAN GOVERNMENT AGENCY

Form fields for ID verification: TYPE of ID, REF. #, PLACE OF ISSUE.

CO-OWNER INFORMATION

Form fields for Co-Owner Information: SURNAME, FIRST NAME, INITIAL, HOME PHONE #, CIVIC ADDRESS, BUS. PHONE #, DOB, SIN, OCCUPATION / PRINC. BUS., NAME AND ADDRESS OF EMPLOYER.

RESIDENCY INFORMATION FOR TAXATION PURPOSES

COUNTRY & PROVINCE OR STATE OF RESIDENCE ARE YOU A UNITED STATES PERSON? YES NO

PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT (PCMLTFA) REQUIRES THE VERIFICATION OF IDENTIFICATION ISSUED BY A CANADIAN GOVERNMENT AGENCY

Form fields for ID verification: TYPE of ID, REF. #, PLACE OF ISSUE.

CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

BY SIGNING THIS CLIENT INFORMATION AND CONSENT FORM BELOW, YOU CONSENT TO YOUR DEPOSIT BROKER COLLECTING YOUR PERSONAL INFORMATION CONTAINED IN THIS CLIENT INFORMATION AND CONSENT FORM AND FROM TIME TO TIME PROVIDING THIS INFORMATION TO ONE OR MORE FINANCIAL INSTITUTIONS FOR THE SOLE PURPOSE OF TRANSACTING DEPOSIT BUSINESS ON YOUR BEHALF.

- I CONFIRM THAT THE USE OF THIS INFORMATION IS FOR THE BENEFIT OF THE INDIVIDUAL (S) NAMED ABOVE AND THAT NO TRANSACTION, APPLICATION OR THE OPENING OF ANY ACCOUNT WILL BE USED BY, ON BEHALF OF OR FOR THE BENEFIT OF SOMEONE OTHER THAN THE REGISTERED OWNER (S).
THIS ACCOUNT WILL BE USED BY, ON BEHALF OF OR IS FOR THE BENEFIT OF A THIRD PARTY OTHER THAN THE INDIVIDUALS NAMED ABOVE, DETAILS OF THE THIRD PARTY ARE INCLUDED IN THE ATTACHED 'THIRD PARTY DECLARATION AND INFORMATION FORM'.

I FURTHER AUTHORIZE THE DEPOSIT BROKER NAMED BELOW TO ACCEPT MY VERBAL INSTRUCTIONS.

PRIMARY OWNER'S SIGNATURE

SECONDARY OWNER'S SIGNATURE

DATE

BROKER DECLARATION

I, AS AUTHORIZED REPRESENTATIVE OF THE DEPOSIT BROKER, CERTIFY THAT (I) I HAVE PERSONALLY MET WITH THE AUTHORIZED SIGNATORIES LISTED ABOVE, (II) I HAVE SEEN THE ORIGINAL IDENTIFICATION RECORDS LISTED ABOVE AND (III) HAVING MADE REASONABLE INQUIRIES, I HAVE NO REASON TO BELIEVE THAT THE CLIENT IS ACTING ON BEHALF OF A THIRD PARTY OR IF SO HAVE PROVIDED THE REQUIRED INFORMATION ON THE ATTACHED 'THIRD PARTY DECLARATION INFORMATION FORM' (IV) HAVE WITNESSED THE INDIVIDUALS SIGN THIS DOCUMENT (V) WILL NOT ACCEPT CASH AS A SOURCE OF FUNDS FROM THE SIGNATORIES NAMED ABOVE.

Heritage Group Financial Services Ottawa

DEPOSIT BROKER NAME / NUMBER

nikid@heritagegroupfinancial.com

SIGNATURE

DATE