



B2B Trust Non-Registered GIC SCHEDULE A

Business Account Information

Name of Business : _____

Nature of Business : _____

Name of representative of the corporation or other entity providing the required information and relationship with the corporation or other entity (employee, officer, director, attorney, etc.)

Last Name, First Name : _____ **Relationship :** _____

Please use additional forms if space is insufficient.

FOR CORPORATIONS AND OTHER ENTITIES

For Corporations and Non-Corporate Entities

Please provide the name, residential address, and occupation of each person who owns or controls 25% or more of the shares of the corporation or other entity. If the direct beneficial owners are other corporations or other entities, provide the name of each person who indirectly owns or controls 25% or more of the shares of the corporation or other entity.

Mr Mrs Miss Ms

| | | |
|-----------------------|--------------------------------|---|
| Last Name, First Name | Percentage of Shares owned : % | Type of Shares (tick one): <input type="checkbox"/> Registered <input type="checkbox"/> Bearer |
|-----------------------|--------------------------------|---|

| | | | |
|---------|------|----------|-------------|
| Address | City | Province | Postal code |
|---------|------|----------|-------------|

| | |
|----------|------------|
| Employer | Occupation |
|----------|------------|

Mr Mrs Miss Ms

| | | |
|-----------------------|--------------------------------|---|
| Last Name, First Name | Percentage of Shares owned : % | Type of Shares (tick one): <input type="checkbox"/> Registered <input type="checkbox"/> Bearer |
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| Address | City | Province | Postal code |
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| Employer | Occupation |
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Mr Mrs Miss Ms

| | | |
|-----------------------|--------------------------------|---|
| Last Name, First Name | Percentage of Shares owned : % | Type of Shares (tick one): <input type="checkbox"/> Registered <input type="checkbox"/> Bearer |
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| Address | City | Province | Postal code |
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| Employer | Occupation |
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Mr Mrs Miss Ms

| | | |
|-----------------------|--------------------------------|---|
| Last Name, First Name | Percentage of Shares owned : % | Type of Shares (tick one): <input type="checkbox"/> Registered <input type="checkbox"/> Bearer |
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| Address | City | Province | Postal code |
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| Employer | Occupation |
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For not-for-profit organizations:

Does the organization solicit charitable financial donations from the public? Yes No

Is the organization a registered charity for income tax purposes? Yes No

If yes, what is the CRA Registration number? _____

For Corporations Only

Please provide the name and occupation of each of the corporation's directors:

Mr Mrs Miss Ms

| | | |
|-----------------------|----------|------------|
| Last Name, First Name | Employer | Occupation |
|-----------------------|----------|------------|

Mr Mrs Miss Ms

| | | |
|-----------------------|----------|------------|
| Last Name, First Name | Employer | Occupation |
|-----------------------|----------|------------|

Mr Mrs Miss Ms

| | | |
|-----------------------|----------|------------|
| Last Name, First Name | Employer | Occupation |
|-----------------------|----------|------------|

Signature of Representative of the Corporation

Date (mm/dd/yyyy)