B2B BANK
DEALER SERVICES

Client Authorization For Cash Disbursement
Banking Information

USE THIS FORM TO ADD/REMOVE CASH DISBURSEMENT BANKING INFORMATION

1. CLIENT INFORMATION (Please use separate forms if adding more than one joint account holder)

CLIENT NAME (LAST) | (FIRST)

CLIENT NAME (LAST) | (FIRST)

ACCOUNT NUMBER | ACCOUNT NUMBER | ACCOUNT NUMBER | ACCOUNT NUMBER

DEALER NUMBER | FINANCIAL ADVISOR NUMBER

2. ADD BANKING INFORMATION (Please use separate forms if adding more than one)

BANK NAME

BRANCH ADDRESS (STREET ADDRESS & CITY) | PROVINCE | POSTAL CODE

BANK NUMBER | BANK TRANSIT NUMBER | BANK ACCOUNT NUMBER

NOTES:

- Attach a VOID cheque.
- Only Canadian financial institutions.
- No third party – name on cheque must match name on registered or investment account.

3. REMOVE BANKING INFORMATION (Please attach a list if removing more than one)

BANK NAME (CANADIAN BANKS ONLY)

BRANCH ADDRESS (STREET ADDRESS & CITY) | PROVINCE | POSTAL CODE

BANK NUMBER | BANK TRANSIT NUMBER | BANK ACCOUNT NUMBER

4. CLIENT AUTHORIZATION

I/We, _____ , _____ , authorize _____
CLIENT(S) NAME(S) | BANK NAME

to confirm my/our transit and account number(s) only for my/our banking information with B2B Bank Dealer Services. In addition, by signing this Client Authorization for Cash Disbursement Banking Information form, I/We have agreed to allow B2B Bank Dealer Services to retain my/our transit and account number(s) for future deregistration/redemption purposes.

X _____
CLIENT SIGNATURE | DATE (mm/dd/yyyy)

X _____
CLIENT SIGNATURE | DATE (mm/dd/yyyy)

X _____
FINANCIAL ADVISOR/DEALER SIGNATURE | DATE (mm/dd/yyyy)

Please fax completed form to (416) 413-0733