

PRIMARY OWNER INFORMATION

Social Insurance # _____

First name _____ Initial _____ Last name _____ Date of birth (mm/dd/yy) _____

Address _____ City/Town _____ Province/State _____ Postal Code _____

 Are you a Canadian Resident? Y N (Residency Information for Tax Purposes) If not, state the country of residency _____

Home phone _____ Business phone _____

Occupation _____ Name and Address of Employer _____

Please provide 2 Canadian Government Issued ID Primary Government Issued Photo ID: Type of ID _____ ID. # _____ Place of Issue _____

Secondary Government Issued ID: Type of ID _____ ID. # _____ Place of Issue _____

JOINT OWNER INFORMATION (if applicable)

Social Insurance # _____

First name _____ Initial _____ Last name _____ Date of birth (mm/dd/yy) _____

Address _____ City/Town _____ Province/State _____ Postal Code _____

 Are you a Canadian Resident? Y N (Residency Information for Tax Purposes) If not, state the country of residency _____

Home phone _____ Business phone _____

Occupation _____ Name and Address of Employer _____

Please provide 2 Canadian Government Issued ID Primary Government Issued Photo ID: Type of ID _____ ID. # _____ Place of Issue _____

Secondary Government Issued ID: Type of ID _____ ID. # _____ 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 HOME TRUST COMPANY COLLECTING YOUR PERSONAL INFORMATION CONTAINED IN THIS CLIENT INFORMATION AND CONSENT FORM AND FROM TIME TO TIME PROVIDING THIS INFORMATION TO ONE OR MORE HOME TRUST COMPANY BRANCHES FOR THE SOLE PURPOSE OF TRANSACTING DEPOSIT BUSINESS ON YOUR BEHALF. YOU ALSO CONSENT TO THE USE, RETENTION AND DISCLOSURE OF YOUR PERSONAL INFORMATION BY SUCH BRANCHES, AS IS REASONABLY REQUIRED BY THEM, IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE ON AN ACCOUNT IN YOUR NAME AND TO MEET LEGAL AND REGULATORY REQUIREMENTS AND FOR STATISTICAL, AUDIT AND SECURITY PURPOSES. I HAVE READ THE ABOVE PARAGRAPH AND HEREBY GIVE MY CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF THE PERSONAL INFORMATION AS DESCRIBED THEREIN. I CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND I AGREE TO MAKE HOME TRUST COMPANY AWARE OF CHANGES TO ANY OF THE PERSONAL INFORMATION CONTAINED IN THIS FORM. I ACKNOWLEDGE THAT AT OR BEFORE I ENTER INTO SUBSEQUENT INVESTMENTS, HOME TRUST COMPANY WILL PROVIDE ME WITH THE TERMS AND CONDITIONS APPLICABLE TO EACH SUCH INVESTMENT AND ANY REGULATORY DISCLOSURE REQUIRED.

- 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 HOME TRUST REPRESENTATIVES TO ACCEPT MY VERBAL INSTRUCTIONS.

Primary Owner's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

HOME TRUST COMPANY DECLARATION

I, AS AUTHORIZED REPRESENTATIVE OF HOME TRUST COMPANY, CERTIFY THAT I HAVE PERSONALLY MET WITH THE AUTHORIZED SIGNATORIES LISTED ABOVE, I HAVE SEEN THE ORIGINAL IDENTIFICATION RECORDS LISTED ABOVE AND 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 AND HAVE WITNESSED THE INDIVIDUAL SIGN THIS DOCUMENT.

Representative Name _____ Signature _____ Date _____