LAURENTIAN BANK

GIC/TD (TM) - COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION, PURPOSE OF ACCOUNT, THIRD-PARTY DETERMINATION AND DECLARATION OF TAX RESIDENCE

1. EXPECTED USE OF INVESTMENT

☐ General Savings ☐ Investment ☐ Retirement ☐ Purchase/Specific Project ☐ Education ☐ Other, specify _____

2. INFORMATION ON THE CLIENT(S) AND ACCOUNT

NAME 1

Client family name and first name / Company name	Account no.	Suff.	9-digit UN1C no.

Address (civic no. and street)	Apt. no.	City	Province / State	Postal code / ZIP code	Country

NAME 2

Client family name and first name / Company name	Account no.	Suff.	9-digit UN1C no.

Address (civic no. and street)	Apt. no.	City	Province / State	Postal code / ZIP code	Country

NAME 3

Client family name and first name / Company name	Account no.	Suff.	9-digit UN1C no.

Address (civic no. and street)	Apt. no.	City	Province / State	Postal code / ZIP code	Country

3. THIRD PARTY DETERMINATION REQUIREMENT (under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulation)

Are you opening the product/account at the request of a person or entity other than the client?

☐ **NO**

☐ **YES**, Complete the information below for all accounts (or products) (except for a trust account (or any product held in trust) opened by a legal counsel, an accountant, a real estate broker or a sales representative and that is to be used only for their clients, answer the question providing the information) and send the duly signed completed form via email to LRPCFAT_GRC@banquelaurentienne.ca.

Name of third party (individual or company)	Phone no.

Primary address (civic no. and street)	Apt. no.	City	Province / State	Postal code / ZIP code	Country

Date of birth (JJ-DD-YYYY)	Relationship between the client and the third party	Nature of business – Reserved to 973

Employer

Employment Status

☐ Employed ☐ Self-employed ☐ Seasonal ☐ Student ☐ Unemployed ☐ Retired worker

Occupation: refer to the Excel list

Industry sectors	Occupation

Name of employer	Employer's phone no.	Ext.

Employer's address (civic no. and street)	Apt. no.	City	Province / State	Postal code / ZIP code	Country

In addition, obtain the following information if the third party is a legal person:

Incorporation Certificate No.	Place of issuance of certificate (province/territory, state/country)

4. CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The Bank collects, uses and discloses my personal information in accordance with its privacy practices. These practices are further detailed in the Privacy Statement of the Bank and in the brochure called "Questions of Privacy", both of which are available online at https://www.banquelaurentienne.ca/en/security.html. Here are the key elements of these documents:

a) Personal Information: In order to establish a relationship with me, and for the purposes described below, the Bank collects personal information that identifies me ("Personal Information"). The Personal Information collected by the Bank depends on the type of products or services I use and my personal situation, and can include, as the case may be:

a. identification information, such as my name, date of birth, gender, personal identification numbers, marital status, addresses, e-mail addresses, telephone numbers and signature;

b. financial information, such as my income, credit history and transactions occurring through the Bank or other financial institutions;

c. employment information, such as my employer's name and my employment history.

Personal Information is mainly obtained from me when I provide this information in writing or orally, or as I use products or services (and generate a transaction history, for example). Personal Information can also be collected from other sources, as described below.

b) Collection of my Personal Information: The Bank collects my Personal Information in order to establish a relationship with me and make use of this Personal Information in the context of its activities. The purposes for which my Personal Information is collected, used and disclosed include:

a. verify my identity;

b. give me access to a product or service or allow me to buy or subscribe to such a product or service;

c. allow the Bank to deliver, manage and improve the products and services it provides me and contact me about them;

d. give me access to online services;

e. understand my financial situation and identify my needs, particularly to offer adequate financial and investment advice;

f. determine my eligibility for products and services;

a. carry on business with me;

b. protect me, the Bank and its clients from errors, omissions or fraud;

c. contact me about products and services I might find interesting from the Bank, its affiliates and other partners;

d. support risk and operational management at the Bank (including compliance with legal and regulatory requirements and communications with regulatory authorities);

e. perform analysis, particularly to understand the clients of the Bank and develop or customize products and services.

c) Third Parties: For the purposes outlined above, the Bank is authorized to collect my Personal Information from third parties or disclose my Personal Information to third parties in the following cases:

a. I authorize the Bank to disclose my Personal Information to competent authorities in cases of fraud, inquiry or breach of any agreement or any statutory violation;

b. I authorize the Bank to disclose my Personal Information to other financial institutions when inter-bank communication is required to prevent or control fraud, during inquiries for breach of any agreement or any statutory violation;

c. I authorize the Bank to transfer my Personal Information to its employees, affiliates, agents, representatives and service providers acting on its behalf, who are bound to maintain the confidentiality of this information. The Bank's service providers provide services such as transactional, insurance, technology, document and material preparation, mailing/electronic mailings, courier, client management and service, document storage, record keeping, and cash logistics services;

d. I authorize the Bank to collect or disclose my Personal Information to third parties when authorized or required by law or with my consent;

e. With a view to benefiting from high-quality service and obtaining information about the financial products and services offered by the Bank, its affiliates (such as B2B Bank and LBC Financial Services Inc.) and its partners, I authorize the Bank to use my Personal Information, and to disclose my Personal Information to its affiliates and partners, for the purposes of the Bank, its affiliates and partners (i) providing me with promotional communications about products and services, including tailored communications such as pre-approved credit products, and (ii) sending me such marketing communications through various channels, including mail, telephone and electronic messages (e.g. e-mail, text message, social media messaging). **I may revoke this authorization at any time, by notifying my advisor at the time of signing this agreement, or thereafter through the LBC*Direct* services, or by contacting the Telebanking Centre at 514-252-1846 (Montréal area) or 1-800-252-1846 (toll-free).** The Bank will not refuse to provide the products and services described in this agreement, if I am entitled to them, even if I have revoked this authorization.

d) Assignment: I acknowledge that the Bank may, at all times, without notifying me, assign my products and services to any person. The assignee may be required by applicable laws to retain my Personal Information for a period of time.

e) Social Insurance Number: I authorize the Bank to provide my social insurance number to the tax authorities, when required by law, in particular for reporting of income or the determination of residency status for income tax purposes. The Bank may also use my social insurance number for identification or data consolidation purposes. I may refuse usage for these purposes without the Bank refusing to provide me with the products and services described herein if I am entitled to them.

f) Personal Information Outside Canada: If services are provided by the Bank or its service providers from a country other than Canada, or if data containing my Personal Information are moved and found in a country other than Canada, I understand that the Bank or its service providers may be required to disclose my Personal Information to authorities of the foreign jurisdiction pursuant to the applicable laws of that jurisdiction.

g) Personal Information Update: When Personal Information is updated by me with regards to a specific product or service, such updated Personal Information shall be considered the most current information, and the Bank is authorized to and may update its records accordingly for any other products and services I hold.

h) Right to Access my Personal Information: The Bank allows me to access the information to which I am entitled by law, and I understand that I may direct my request to the Bank's Client Requests team by phone at 514-284-3987 (Montréal area) or 1-877-803-3731 (toll-free). Fees may apply.

i) Information About Another Individual: I confirm that before providing the Bank with Personal Information on behalf of another individual, I have obtained the prior consent of that individual or I am otherwise legally authorized to provide such information. The Personal Information obtained by the Bank will be used and disclosed in accordance with the Bank's privacy practices.

5. CLIENT'S SIGNATURE

CLIENT'S SIGNATURE

☐ **By telephone: Time of the call, telephone number and extension:** _____

Signature of client 1	Date (DD-MM-YYYY)
Signature of client 2	**Date (DD-MM-YYYY)**
Signature of client 3	**Date (DD-MM-YYYY)**

SIGNING OFFICERS' SIGNATURES

I agree to the collection, use and disclosure of my Personal Information in accordance with the privacy practices of the Bank. These practices are further detailed herein. I understand that the Bank will need my prior consent for any further use or collection of Personal Information, or for any modification to the purposes for which my Personal Information is collected. I confirm that before providing Personal Information about any other individual, I have obtained the consent of that individual or I am otherwise authorized to provide such information.

Name (in print) of the 1st Signing Officer (or business owner for a sole proprietorship)	Date (DD-MM-YYYY)	Signature of the 1st Signing Officer (or business owner for a sole proprietorship)
Name (in print) of the 2nd Signing Officer	Date (DD-MM-YYYY)	Signature of the 2nd Signing Officer
Name (in print) of the 3rd Signing Officer	Date (DD-MM-YYYY)	Signature of the 3rd Signing Officer
Name (in print) of the 4th Signing Officer	Date (DD-MM-YYYY)	Signature of the 4th Signing Officer

6. BRANCH IDENTIFICATION

Branch transit no.	Name of employee (in print)	Date (DD-MM-YYYY)

LAURENTIAN BANK

DECLARATION OF TAX RESIDENCE FOR INDIVIDUALS

Send this duly completed and signed form to the Transactional Operations (920) via email to 982_Section operations epargne@banquelaurentienne.ca

Branch No. | Account No.

Fill out all sections of this form that apply to you and give it to the Laurentian Bank of Canada. Canadian financial institutions have to collect the information you give on this form to open and maintain a financial account. Each account holder of a joint account has to fill out a declaration of tax residence. If you need help to determine your tax residency, see Income Tax Folio, S5-F1-C1. For more information, see "General Information" and "How to Fill Out the Form" on page 5.

1. IDENTIFICATION OF ACCOUNT HOLDER(S)

Client 1

Full name | **UN1C No. (9 digits)**

Mailing address (only if different from the permanent residence address)

Apartment No.	Street number, name and city	Province, territory, state, or sub-entry	Country or jurisdiction	Postal or ZIP code

Client 2

Full name | **UN1C No. (9 digits)**

Mailing address (only if different from the permanent residence address)

Apartment No.	Street number, name and city	Province, territory, state, or sub-entry	Country or jurisdiction	Postal or ZIP code

Client 3

Full name | **UN1C No. (9 digits)**

Mailing address (only if different from the permanent residence address)

Apartment No.	Street number, name and city	Province, territory, state, or sub-entry	Country or jurisdiction	Postal or ZIP code

2. DECLARATION OF TAX RESIDENCE

Client 1: Tick all the options that apply to you.

☐ **I am a tax resident of Canada.**

☐ **I am a tax resident or a citizen of the United States.**

If you ticked this box, give your taxpayer identification number (TIN) from the United States: _____

If you do not have a TIN from the United States, have you applied for one? ☐ Yes ☐ No

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

If you ticked this box, give your jurisdictions of tax residence and TINs or functional equivalent.

If you do not have a TIN or functional equivalent for a specific jurisdiction, give the reason by choosing one of the following options:

Jurisdiction of tax residence	Taxpayer Identification Number	Reason
		☐ Reason 1: I will apply or have applied for a TIN but have not yet received it. ☐ Reason 2: My jurisdiction of tax residence does not issue TINs to its residents. ☐ Reason 3: Other reason. Please specify: _____
		☐ Reason 1: I will apply or have applied for a TIN but have not yet received it. ☐ Reason 2: My jurisdiction of tax residence does not issue TINs to its residents. ☐ Reason 3: Other reason. Please specify: _____

Client 2: Tick all the options that apply to you.

☐ **I am a tax resident of Canada.**

☐ **I am a tax resident or a citizen of the United States.**

If you ticked this box, give your taxpayer identification number (TIN) from the United States: _____

If you do not have a TIN from the United States, have you applied for one? ☐ Yes ☐ No

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

If you ticked this box, give your jurisdictions of tax residence and TINs or functional equivalent.

If you do not have a TIN or functional equivalent for a specific jurisdiction, give the reason by choosing one of the following options:

2. DECLARATION OF TAX RESIDENCE (cont.d)

Client 2: Tick all the options that apply to you. (cont.d)

Jurisdiction of tax residence	Taxpayer Identification Number	Reason
		☐ Reason 1: I will apply or have applied for a TIN but have not yet received it. ☐ Reason 2: My jurisdiction of tax residence does not issue TINs to its residents. ☐ Reason 3: Other reason. Please specify: _____
		☐ Reason 1: I will apply or have applied for a TIN but have not yet received it. ☐ Reason 2: My jurisdiction of tax residence does not issue TINs to its residents. ☐ Reason 3: Other reason. Please specify: _____

Client 3: Tick all the options that apply to you.

☐ **I am a tax resident of Canada.**

☐ **I am a tax resident or a citizen of the United States.**

If you ticked this box, give your taxpayer identification number (TIN) from the United States: _____

If you do not have a TIN from the United States, have you applied for one? ☐ Yes ☐ No

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

If you ticked this box, give your jurisdictions of tax residence and TINs or functional equivalent.

If you do not have a TIN or functional equivalent for a specific jurisdiction, give the reason by choosing one of the following options:

Jurisdiction of tax residence	Taxpayer Identification Number	Reason
		☐ Reason 1: I will apply or have applied for a TIN but have not yet received it. ☐ Reason 2: My jurisdiction of tax residence does not issue TINs to its residents. ☐ Reason 3: Other reason. Please specify: _____
		☐ Reason 1: I will apply or have applied for a TIN but have not yet received it. ☐ Reason 2: My jurisdiction of tax residence does not issue TINs to its residents. ☐ Reason 3: Other reason. Please specify: _____

3. CERTIFICATION

I certify that the information given on this form is correct and complete. I will give my financial institution a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Name of signatory 1 (print name)	Signature of account holder or authorized person 1	Date (YYYY-MM-DD)
Name of signatory 2 (print name)	Signature of account holder or authorized person 2	Date (YYYY-MM-DD)
Name of signatory 3 (print name)	Signature of account holder or authorized person 3	Date (YYYY-MM-DD)

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities such as administering tax, benefits, audit, compliance, and collection. Personal information may be shared for purposes of other federal acts that provide for the imposition and collection of a tax or duty. Personal information may also be shared with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number and taxpayer identification number are collected under sections 237 and 281 of the Act and Article 2 of the Intergovernmental Agreement between Canada and the U.S. and are used for identification purposes. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 047 on Info Source at canada.ca/cra-info-source.

GENERAL INFORMATION

Financial accounts held by non-resident individuals and/or U.S. persons have to be reported to the CRA.

Account information reported to the CRA is shared with the government of a foreign jurisdiction in which an individual is a resident for tax purposes when canada has an information exchange agreement with that jurisdiction. The CRA shares account information with the U.S. Internal Revenue Service if an individual is a U.S. citizen or resident.

To find out if an institution reported your account information to the CRA and what information the institution gave, you may ask the institution.

To find out if your information has been shared with the U.S. or another jurisdiction, you may contact the CRA.

HOW TO FILL OUT THE FORM

Section 1 – Identification of account holder

Use Section 1 to identify the account holder. Sometimes the account holder's address may be different from the mailing address. If this is the case, give both addresses.

The **account holder** is the person listed or identified as the holder of the financial account by the financial institution that maintains the account. But, when a person other than a financial institution holds a financial account for the benefit of or for another person as an agent, custodian, nominee, signatory, investment advisor, or intermediary, they are not considered the account holder. In such cases, the account holder is the person for whom the account is held.

If a trust or an estate is listed as the holder of a financial account, the trust or the estate is the account holder, not the trustee or the liquidator. Similarly, if a partnership is listed as the holder of a financial account, the partnership is the account holder, not the partners in the partnership. In such cases, fill out Form RC519, Declaration of Tax Residence for Entities – Part XVIII and Part XIX of the Income Tax Act.

An account holder also includes any person who can access the cash value or designate a beneficiary under a cash value insurance contract or an annuity contract.

The social insurance number (SIN) of the account holder only has to be reported on this form if the account holder has a SIN and is a U.S. person or a non-resident.

If a financial account is opened by or for a child and the child is considered the account holder, the parent or the legal guardian can complete and sign the form for the child.

The **policy/account number** is the number the financial institution assigned to your account (such as a bank account number or insurance policy number). When this form is filled out for a controlling person of an entity, enter the policy or account number assigned to the entity account. If there is no such number, leave this box blank.

Section 2 – Declaration of tax residence

Use Section 2 to identify the account holder's tax residence and taxpayer identification number. If the account holder does not have such a number, give the reason.

Generally, an individual will be a **tax resident** of a jurisdiction if they normally reside in that jurisdiction and not just because they receive income from that jurisdiction. Except for the U.S., your citizenship or your place of birth does not determine your tax residence.

An individual who is a tax resident in more than one jurisdiction can rely on any tiebreaker rules (when they apply) in a tax convention to resolve a case of dual tax residence. Otherwise, an individual should enter all of the jurisdictions where they are a tax resident and provide their taxpayer identification number (TIN) for each jurisdiction.

For more information on tax residency, talk to a tax adviser or go to **oecd.org/tax/automatic-exchange/crs-implementation-and-assistance /tax-residency/#d.en.347760**.

A **taxpayer identification number or functional equivalent**, often referred to by its abbreviation TIN, is a unique identifier made of letters or numbers that a jurisdiction assigns to an individual. The jurisdiction uses the TIN in administering its tax laws to identify the individual. Enter the TIN in its official format. For more details about acceptable TINs, go to **oecd.org/tax/automatic-exchange/crs-implementation-and-assistance /tax-identification-numbers/#d.en.347759**.

If you are a U.S. citizen or resident and do not have a TIN from the U.S., you have 90 days to apply for a TIN and 15 days after you receive it to give it to your financial institution. If you fail to provide your U.S. TIN to your financial institution, you are liable to a $100 penalty.

If you are not a resident of Canada or the U.S. and do not have a TIN from your jurisdiction of residence, you have 90 days to apply for a TIN and 15 days after you receive the TIN to give it to your financial institution, unless your jurisdiction of residence does not issue or require the collection of TINs. If a TIN has not been provided for a jurisdiction of residence, you have to provide a reason for not having one. Reasons that fall under “Reason 3: **Other reason**” for not having a TIN include not being eligible to receive one.

However, if you are eligible to receive a TIN and fail to provide one to your financial institution, you are liable to a $500 penalty.

Section 3 – Attestation

Make sure you fill out and sign Section 3 before you give this form to your financial institution. The form can be signed by any person authorized to sign for the account holder. If a person other than the account holder signs the form for the account holder, the institution must be given evidence of that person's authority to act for the account holder.

Type of controlling person

Financial accounts held by entities that are controlled by non-resident individuals and/or U.S. persons are also required to be reported to the CRA.

Fill in this section only if you are filling out this form as a controlling person of an entity.

Controlling persons of an entity are the natural persons who exercise direct or indirect control over the entity. Generally, whether any person exercises control over an entity is determined in a way similar to how beneficial owners are identified for Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

For example, a person is generally considered a controlling person of a corporation if they directly or indirectly own or control 25% or more of the corporation. When no natural person is identified as exercising control of the corporation, a director or senior official of the corporation is considered the controlling person.

The social insurance number (SIN) of a controlling person is only required to be reported on this form if the controlling person has a SIN and is a U.S. person or a non-resident.

In the case of a trust, controlling persons include its settlors, trustees, protectors (if any), beneficiaries (or class of beneficiaries), and any other natural persons exercising ultimate effective control over the trust.

A controlling person of an entity may exercise control indirectly through another entity. If so, to determine the entity's controlling persons you have to look through the entity's chain of control or ownership to identify the natural persons exercising ultimate effective control over the entity. You then have to report those you find as controlling persons of the entity. Financial institutions may apply this requirement in a way similar to how beneficial owners are identified for Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

In the case where a trust exercises control over the entity, the controlling person of the entity include all natural persons who control the trust. In the case where a corporation exercises control over the entity, the controlling person of the entity include all natural persons who directly or indirectly own or control 25% or more of the corporation.

In the case of legal arrangement other than a corporation or a trust, controlling persons are persons in equivalent or similar positions to those described above.

For the purposes of Part XVIII and Part XIX, a legal arrangement includes a corporation, a partnership, a trust or a foundation.

Enter the description that best describes the type of controlling person:

- ☐ Direct owner of a corporation.
- ☐ Indirect owner of a corporation (through an intermediary).
- ☐ Director or senior official of a corporation.
- ☐ Settlor of a trust.
- ☐ Trustee of a trust.
- ☐ Protector of a trust.
- ☐ Beneficiary of a trust.
- ☐ Other controlling person of a trust.
- ☐ Equivalent to a settlor of a legal arrangement other than a trust (e.g. partnership).
- ☐ Equivalent to a trustee of a legal arrangement other than a trust (e.g. partnership).
- ☐ Equivalent to a protector of a legal arrangement other than a trust (e.g. partnership).
- ☐ Equivalent to a beneficiary of a legal arrangement other than a trust (e.g. partnership).
- ☐ Other controlling person of a legal arrangement other than a trust (e.g. partnership).

Privacy Act, personal information bank number CRA PPU 047.