



# PEP/FATCA Update

DATE \_\_\_\_\_

## Account Holder Information

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

## Additional Questions If answer is YES, provide the information to the right of the question

|  |                             |                              |  |
|--|-----------------------------|------------------------------|--|
| Are you a 'reporting insider' within the meaning of the regulation?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES | COMPANY NAME _____ STOCK TICKER _____  |
| Do you, alone or as a part of a group, have a control position in any such company?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES | COMPANY NAME _____ STOCK TICKER _____  |
| Are you or your spouse an Employee, Director, Partner, or Officer of a securities dealer, or of a stock exchange itself, or of CIRO? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | PLEASE PROVIDE DETAILS: _____<br>_____ |

## Politically Exposed Foreign Person

I certify that  I AM  I AM NOT a Politically Exposed Foreign Person (PEP) as defined below:

PEP is defined as a person who holds or has held offices or positions in or on behalf of a foreign state, as well as the spouse, common-law partner, child, mother, father, brother, sister, spouse's, or common-law partner's mother or father of any such person:

- |   |  |
|---|--|
| <input type="checkbox"/> HEAD OF STATE OR HEAD OF GOVERNMENT                                      | <input type="checkbox"/> JUDGE   |
| <input type="checkbox"/> PRESIDENT OF A STATE-OWNED COMPANY OR A STATE-OWNED BANK                 | <input type="checkbox"/> AMBASSADOR OR ATTACH OR COUNSELLOR OF AN AMBASSADOR                   |
| <input type="checkbox"/> MEMBER OF THE EXECUTIVE COUNCIL OF GOVERNMENT OR MEMBER OF A LEGISLATURE | <input type="checkbox"/> LEADER OR PRESIDENT OF A POLITICAL PARTY REPRESENTED IN A LEGISLATURE |
| <input type="checkbox"/> HEAD OF A GOVERNMENT AGENCY  | <input type="checkbox"/> MILITARY OFFICER WITH A RANK OF GENERAL OR ABOVE                      |
| <input type="checkbox"/> DEPUTY MINISTER OR EQUIVALENT RANK                                       | <input type="checkbox"/> HOLDER OF ANY PRESCRIBED OFFICE OR POSITION                           |

IF YES, PLEASE INDICATE WHY: \_\_\_\_\_

### To comply with FinTrac PEP regulations:

Are you or any of your family members or close associates a Politically Exposed Person/Head of International Organization as defined under AML regulations?

- |  |  |  |
|--|--|--|
| (A) FOREIGN POLITICALLY EXPOSED PERSON                   | (B) DOMESTIC POLITICALLY EXPOSED PERSON                  | (C) HEAD OF INTERNATIONAL ORGANIZATION                   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

### To comply with FATCA regulations, is your main country of residence for tax purposes a country other than Canada?

YES  NO If yes, please complete the table below and list all applicable countries of residence for tax purposes.

| COUNTRY OF RESIDENCE FOR TAX PURPOSES | TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN/TIN) | IF NO SSN/ITIN/TIN IS AVAILABLE PLEASE SELECT THE REASON* (A, B, C, OR D) |
|---------------------------------------|---|---|
|                                       |   |   |
|                                       |   |   |
|                                       |   |   |

*\* If the SSN/ITIN/TIN is not provided, please indicate one of the following reasons as to why it is not available:*  
**Reason A** I will request my SSN /ITIN/TIN or I have already requested it but have not yet received it. If I have not yet requested one, I have 90 days to apply for it and 15 days after I receive it to provide it to my financial institution.  
**Reason B** The country where I am a resident for tax purposes does NOT issue a TIN to its residents (excluding the United States).  
**Reason C** I have it, but I do not have it on hand. I will provide it within 15 days.  
**Reason D** I refuse to provide it, as requested per Part XVIII and Part XIX of the Income Tax Act.

NOTE: IF THE REASON FOR NOT PROVIDING MY SSN/ITIN/TIN IS A, C OR D, I UNDERSTAND THAT MY FINANCIAL INSTITUTION MAY HAVE TO DECLARE MY ACCOUNT BASED ON ANY INDICIA THAT MAY INDICATE A FOREIGN TAX RESIDENCE AND THAT I MAY BE SUBJECT TO PENALTIES FROM CRA AS A RESULT OF MY REFUSAL OR NEGLIGENCE TO PROVIDE THIS INFORMATION AS REQUIRED UNDER PART XVIII AND/OR XIX OF THE INCOME TAX ACT. I AGREE TO ASSUME ANY LIABILITY DIRECTLY OR INDIRECTLY RELATED TO THIS SITUATION.

## Acknowledgement

By signing below I acknowledge and agree that the information provided is complete and accurate and I agree to inform my Investment Advisor immediately of any changes in the information I have provided, including changes with respect to my financial situation, investment objectives and risk tolerance.

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_