

Supplemental Form B for Investment Accounts for a Corporation
(at least three individuals, or all such individuals if fewer than three, authorized to provide instructions on the account must complete this Supplemental Form B)

Corporation Name: _____

Last Name: _____

First Name: _____

Attach to this form a \$1 (minimum) personalized cheque payable to Canadian Western Trust for deposit to the corporate account. The cheque must be drawn on your personal account with a Canadian Financial Institution.

Attach to this form a copy of your identification (as described below) attested by; a commissioner of oaths, notary public, judge, magistrate, lawyer, professional accountant with one of the following designations; CA, CGA, CMA, APA, PA or RPA, dentist or medical doctor. The attestation of your identity must be based upon an original copy of one of the following pieces of identification issued by a provincial, territorial or federal government; a valid driver's licence, valid passport or provincial identification card issued by one of; the Insurance Corporation of British Columbia, Alberta Registries or Saskatchewan Government Insurance. The attestation must be on a legible photocopy of the original identity document provided. The guarantor must include their name, profession, address, type and reference number of the identification, the name of the entity issuing the identification, the date and their signature. The attestation will not be valid if any of these requirements are not completed.

Date: _____

Signature: _____

**Supplemental Form C for Investment Accounts for a
Corporation or Partnership**

Corporation or Partnership Name: _____

Principal Business: _____

Intended Use of Account: _____

Will this account be used by or on behalf of a third party? Yes No
ie. Are you acting on the instructions of another individual or entity?

If yes, please provide the name, address and principal business or occupation of the third party and the nature of the relationship with that third party. If the third party is an individual, please provide their date of birth. If the third party is a corporation please also provide the incorporation number and place of incorporation.

Attach the following to this form:

1. In the case of a corporation; Official records of the Corporation showing the authority of individuals to bind the Corporation (certificate of incumbency, or certified copy of the Articles and/or by-laws including all applicable amending resolutions).
 - i. In the case of a partnership; The partnership agreement or certificate of limited partnership.
2. Provide the name, address and occupation of any individual owning or controlling more than 25% of the Corporation or Partnership, as applicable, on this Supplemental Form C, or an attachment.
3. A completed Supplemental Form B for at least three individuals authorized to give instructions on this account (and for all such individuals if there are fewer than three), including the individual(s) signing this Supplemental Form C and the Application Form.
4. The 'Investment Account Corporate Resolution' Form. Note that all individuals listed must be authorized pursuant to documents provided under part 1 of this list. Not applicable for partnerships.
5. Certificate of status of the corporation. Not applicable for partnerships.
6. A copy of a publicly filed document confirming the Corporation's directors. Not applicable for partnerships.
7. A copy of a publicly filed document confirming the Corporation's address. Not applicable for partnerships.

An Investment Account for a corporation, or partnership may not be opened if any of the above documents are not included with this Supplemental Form C.

Date: _____

Authorized Signature: _____ **Authorized Signature:** _____