

**Supplemental Form A for Individual and Joint Investment Accounts**  
(for a joint account, both account holders must complete a Supplemental Form A)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Intended Use of Account: \_\_\_\_\_

**Are you or any of your prescribed family members (spouse or common law partner, child, mother, father, mother-in-law, father-in-law, brother, sister, half-brother or half-sister) a Politically Exposed Foreign Person?**

Yes       No

*A Politically Exposed Foreign Person is defined as an individual who holds or has held one of the following offices or positions in or on behalf of a foreign country: head of state or government; member of an executive council of government or member of a legislature; deputy minister or equivalent rank; ambassador or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a state-owned company or a state-owned bank; head of a government agency; judge; or leader or president of a political party represented in the legislature.*

**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 to this form** a \$1 (minimum) personalized cheque payable to Canadian Western Trust for deposit to the 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 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:** \_\_\_\_\_