

ACCOUNT APPLICATION

(Personal Accounts Only)

14th Floor – 888 Dunsmuir Street Vancouver, BC V6C 3K4 Phone: 604-683-2881 Fax: 604-683-5110 Toll Free: 1-800-663-0324 www.peoplestrust.com

| Customer Number(s) | Account Number | | | | |
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| (For Office Use Only) | | | | | |
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| Other | | | | | | <u> </u> | | | |
| Applicant: (if more than 2 applicants, complete an additional Application Form) Name Phone if (incl. area code) S.I.N. DOB, (DOMM/YY) Address City Province Postal Code Applicant Email Occupation* Employer Co-Applicant: Name Phone if (incl. area code) S.I.N. DOB, (DOMM/YY) Address City Province Postal Code Applicant Email Occupation* Employer U.S. Citzenship or Residency: Do you hold U.S. Citzenship or area you a resident of the U.S.? VES NO If yes, please provide tax identification number (TIN) If yes, please provide tax identification number (TIN) Registration Details for More Than One Owner: Signing Authority: Did in Tenants with Right of Survivorship Tenants in Common Third Party Declaration: Will this Account be used on behalf of anyone not disclosed on this application? (If yes, please provide the specific details on a separate PEP Form) YES NO A PEP As an Individual vide holds or has held office or a senior position in or on behalf of a country, government, military, or judiciary, or is a view a head of an infame noted organization Photos or has held office or a senior position in or on behalf of a country, government, military, or judiciary, or is a view a head of an infame noted organization PhOto, a leader or president of an organization Indied by multiple nations or states, regardless of final observable, residency status or british place. Intended Use of Account Saving/Investment Vacation Retirement Education Other (Pease specify) Initial Deposit Personal Cheque enclosed for S Acknowledgement Section: By signing this application live acknowledge that (I/we have received, read and understand the Terms & Conditions. I/we consent to the collection, use and disclosure of my four present information as outlined in the Terms & Conditions. I/we consent to the collection, use and disclosure of my four present information as outlined in the Terms & Conditions. I/we consent to the collection, use and disclosure of my four present information as outlined in the Terms & Conditions. I/we consent t | _ ' | | | | | | | | |
| Registration Details for More Than One Owner: Signing Authority: District Private | U Other | ☐ By Mail or Electronic Means ☐ New C | | | ustomer | | | | |
| Registration Details for More Than One Owner: Signing Authority: District Private | Applicant: (If more than 2 applicants, complete an addit | tional Application Form) | | | | | | | |
| Co-Applicant: Name Phone if (incl. area code) S.I.N. DOB, (DD/MM/YY) Address City Province Postal Code Applicant Email Occupation* Employer U.S. Citizenship or Residency: Do you hold U.S. Citizenship or are you a resident of the U.S.? YES NO If yes, please provide tax identification number (TIN) If yes, please provide tax identification number (TIN) Registration Details for More Than One Owner: Signing Authority Ocnants in Common ALL must sign and provide instructions ANY one to sign or provide instructions ALL must sign and provide instructions ALL must sign and provide instructions APEPI sa in individual with obdis or has held office or a senior position in or on behalf of a country, government, military, or judiciary, or, is or was a head of an international organization (HiO), a leader or president of an organization funded by multiple nations or states, regardless of their citizenship, residency status or birth place. Intended Use of Account: Saving/investment Vacation Retirement Education Other (Please specify) | | | Phone # (incl. a | Phone # (incl. area code) | | | D.O.B. (DD/MM/YY) | | |
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| Name | 7 | Social Email | | | | | | | |
| Address City Province Postal Code | | | | | | | | | |
| Address City | | | Phone # (incl. s | roa codo) | SIN | | DOB (DD/MM/V) | | |
| Applicant Email | Name | | FIIONE # (IIICI. a | irea code) | 3.1.N. | | D.O.B. (DD/WW/11) | | |
| U.S. Citizenship or Residency: Do you hold U.S. Citizenship or are you a resident of the U.S.? YES NO If yes, please provide country? YES NO If yes, please provide country? YES NO If yes, please provide country No No No No No No No N | Address | | City | | | Province | Postal Code | | |
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| Applicant Signature Co Applicant Signature Date | apply to be the Registered Holder(s) of the accoun | t as set out above. | | | | | | | |
| Applicant Signature Co Applicant Signature Date | | | | | | | | | |
| Applicant digitature Date Date | Applicant Signature | Co-Applicant | Co-Applicant Signature | | | Date | | | |

After completing this application form, send it together with your pre-printed personal cheque payable to yourself to:

Peoples Trust Company 1400 – 888 Dunsmuir Street, Vancouver, BC V6C 3K4

If you are opening a joint account, we require a pre-printed personal cheque for each registered owner – either one cheque with both names endorsed by both parties, or a separate cheque endorsed by each owner.

^{*} If self-employed, state the nature of employment. If retired, please state your occupation before retirement.