

6717-2021/09 Page 1 of 11

## Informal Trust/Nominee Account Agreement

Account Number

Account Name (name that will appear on all correspondence)

### To: CIBC Investor Services Inc. ("CIBC Investor Services")

For this Informal Trust / Nominee Account, there are:

Trustee(s)

Settlor(s)

Beneficiary/Beneficiaries entitled to more than 10% of the income or assets

In this agreement the words "I", "me" and "myself" mean each of the persons who have signed below.

In exchange for CIBC Investor Services opening (or if already opened, continuing) an account which may include a margin facility or an option facility (the "Account") in the name of the informal trust or nominee name noted above, I agree that the Account and all transactions between myself and CIBC Investor Services shall be governed, inter alia, by the following terms:

- 1. I have been advised to seek professional tax and legal advice with respect to the establishment or operation of any trust to which the Account may relate and the achievement of any tax, estate planning, or other similar objectives thereby. CIBC Investor Services has provided no advice, counsel, or opinions in that regard and makes no representations with respect thereto.
- 2. CIBC Investor Services is not bound by, and has no responsibility to observe the terms of any trust or agency, whether written, verbal, implied, or constructive that may exist between myself and any beneficiary. Without limiting the generality of the foregoing, CIBC Investor Services has no responsibility for ensuring that investments comply with the restrictions set out in applicable provincial or territorial legislation governing investments made by a trust.
- 3. Each of the undersigned agrees jointly and severally (this means solidary in Quebec) to indemnify CIBC Investor Services against any loss, claim, damages, liability and expenses of any kind whatsoever (including any legal costs) arising from the operation of the Account in accordance with my instructions or that may otherwise arise from CIBC Investor Services' reliance upon the representations, agreements and certifications included in this agreement.
- 4. CIBC Investor Services is authorized and directed to act upon the instructions of me and my authorized representatives to operate the Account with respect to all matters in relation to the account and I shall be liable and responsible for all such actions.
- 5. This agreement is binding on CIBC Investor Services' successors and assigns and on me (in my capacity as trustee, agent or otherwise and personally in the case of fraud, willful and/or gross negligence), my representatives who provide instructions on the Account and our respective heirs, executors, administrators, successors and assigns.
- 6. If there is any difference between this agreement and any other agreement applicable to the Account, this agreement will apply. This agreement shall be governed by and construed in accordance with the laws of the province or territory in Canada where the Account is maintained and the laws of Canada applicable therein.
- 7. The parties have requested that this agreement and all related documents be drawn up in the English language only. Les parties confirment avoir exigé que ce contrat et tous les documents s'y rapportant soient rédigés en anglais seulement.
- 8. I acknowledge that I have read and understand all of the provisions contained in this agreement and that one of the persons who has signed below has received a copy of this agreement on behalf of all of the persons who have signed below.

### Please sign below.

Dated this	day of	_,	
	Name of Client/Trustee	x	Signature
		x	
	Name of Client/Trustee		Signature

## Informal Trust/Nominee Account Agreement

Α	c	c	ი	n	n	t	Ν	L.	m	h	e	r
~	Ĵ	L	υ	u		L.		ч		ιυ	c	

Trustee Information - Complete	e the Trustee Information section below for	or each Trustee.	
Legal Name			
Preferred Name			
Address			
City	Province/Foreign Information	Country	Postal Code
Date of Birth ( <i>mm/dd/yyyy</i> ) Primar	ry Telephone Number Email Address		
Canadian Citizenship			
Yes No If No, what	is your country of citizenship?		
Common Reporting Standard	(CRS) and Foreign Account Tax Co	ompliance Act (FATCA) Tax Residency	
		Social Insurance Number (SIN)/Taxp	ayer Identification Number (TIN)/
Country of Tax Residency		Social Security Number (SSN)	
Are you a U.S. Person (such as a resid	dent or citizen) for tax purposes?	s 🔄 No	
Employment Information			
Employer's Name			
Type of Business			
Occupation			
Address			
City	Province/Foreign Information	n Country	
		r anyone who exercises influence on this account	Yes No
an Investment Industry Professional?			
Are you an insider of a reporting issue	er or any other issuer whose securities are p	publicly traded?	Yes No
If Yes, list below			
Do you alone or as part of a group ho	Id more than 20% or have a control block of	f a reporting issuer or any other issuer whose	Yes No
securities are publicly traded?			
If Yes, list below			
Primary Financial Institution -	- Required only if client's identification wa	as not verified at the Banking Centre.	
Financial Institution			tion Contact Name

### Authorization

I hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may include collecting, during the course of my relationship with CIBC, information about me from and sharing it with, the CIBC group of companies, credit bureaus, government institutions or registries, mutual fund companies and other issuers, regulators and self-regulatory organizations, other financial institutions, applicable program partners, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) verifying information I give you; (iii) protecting me and CIBC from error and criminal activity; and (iv) complying with legal and regulatory obligations. CIBC's privacy policy is available at any branch or <u>www.cibc.com</u>. This policy may be amended, replaced or supplemented from time to time.

As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax Identification Number) are, to the best of my knowledge and belief, correct and complete. If any of this information changes, I will provide CIBC Investor Services with the updated information within 30 days. Failure to provide satisfactory self-certification of tax residency or U.S. citizenship status may result in my account information being reported to the relevant tax authority and I may be subject to a penalty under the *Income Tax Act*.

Date (mm/dd/yyyy)

Χ\_

	Informa	Trust/	'Nominee	Account	Agreement
--	---------	--------	----------	---------	-----------

Account	Number
---------	--------

Trustee Information - Complete the	Trustee Inform	mation section below for eac	ch Trustee	e.			
Legal Name							
Preferred Name							
Address							
City	Province/	/Foreign Information	Cour	ntry		P.	ostal Code
Date of Birth ( <i>mm/dd/yyyy</i> ) Primary Tele	phone Number	Email Address					
Canadian Citizenship							
Yes No If No, what is you	ur country of ci	itizenship?					
Common Reporting Standard (CR	S) and Forei	ign Account Tax Compl	iance A	ct (FATCA)	Tax Residency		
Country of Tax Residency				Social Insuranc Social Security	e Number (SIN)/Taxp Number (SSN)	oayer Identificatio	on Number (TIN)/
Are you a U.S. Person (such as a resident o	r citizen) for ta	ax purposes? Yes	No No				
Employment Information							
Employer's Name							
Type of Business							
Occupation							
Address							
City	Pr 	rovince/Foreign Information			Country		
Are you, your spouse, any person(s) living an Investment Industry Professional?	in the same ho	me, trading authority, or any	one who e	xercises influe	nce on this account	Yes	🗌 No
Are you an insider of a reporting issuer or a If Yes, list below	any other issue	r whose securities are publicl	ly traded?			Yes	🗌 No
Do you alone or as part of a group hold mo securities are publicly traded? If Yes, list below	re than 20% o	r have a control block of a rep	oorting iss	uer or any othe	r issuer whose	Yes	🗌 No

Primary Financial Institution - Required only if client's identification was not verified at the Banking Centre.					
Financial Institution	Bank Transit	Bank Account Number	Financial Institution Contact Name		

# Authorization

I hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may include collecting, during the course of my relationship with CIBC, information about me from and sharing it with, the CIBC group of companies, credit bureaus, government institutions or registries, mutual fund companies and other issuers, regulators and self-regulatory organizations, other financial institutions, applicable program partners, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) verifying information I give you; (iii) protecting me and CIBC from error and criminal activity; and (iv) complying with legal and regulatory obligations. CIBC's privacy policy is available at any branch or <u>www.cibc.com</u>. This policy may be amended, replaced or supplemented from time to time.

As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax Identification Number) are, to the best of my knowledge and belief, correct and complete. If any of this information changes, I will provide CIBC Investor Services with the updated information within 30 days. Failure to provide satisfactory self-certification of tax residency or U.S. citizenship status may result in my account information being reported to the relevant tax authority and I may be subject to a penalty under the *Income Tax Act*.

Date (mm/dd/yyyy)

Χ\_

	Settlor/	'Beneficiary	/ Information
--	----------	--------------	---------------

Complete the Settlor/Beneficiary Information section below for each applicable Settlor or Beneficiary entitled to more than 10% of the income or assets of the Trust.

Please indicate whether the individual is a Legal Name	Settlor 🗌 Beneficia	ary				
Preferred Name						
Check here if the above-named settlor or Address	beneficiary is a trustee,	and the following info	rmation has alre	eady been collected.		
City	Province/Foreign Infor	mation	Country		P	ostal Code
Relationship to Account Holder		Date of Birth ( <i>mm/dd/</i> y	уууу)	Primary Telephone	Number	
Email Address						
Canadian Citizenship	ur country of citizenship	?				
Common Reporting Standard (CRS)	and Foreign Accou	nt Tax Compliand	Social Insu	A) Tax Residency rance Number (SIN)/Taxpa rrity Number (SSN)	ayer Identificati	on Number (TIN)/
			[			
Are you a U.S. Person (such as a resident or c	itizen) for tax purposes	? _ Yes _ I	 No			
Employment Information						
Type of Business						
Occupation						
Address						
City	Province/Foreig	gn Information		Country		
Are you, your spouse, any person(s) living in an Investment Industry Professional?	the same home, trading	authority, or anyone v	vho exercises in	fluence on this account	Yes	🗌 No
Are you an insider of a reporting issuer or any If Yes, list below	other issuer whose sec	urities are publicly tra	ded?		Yes	🗌 No
Do you alone or as part of a group hold more securities are publicly traded? If Yes, list below	than 20% or have a con	trol block of a reportir	ng issuer or any o	other issuer whose	Yes	🗌 No

#### Informal Trust/Nominee Account Agreement

Primary Financial Institution - Required only if client's identification was not verified at the Banking Centre.						
Financial Institution	Bank Transit	Bank Account Number	Financial Institution Contact Name			

#### Authorization

I hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may include collecting, during the course of my relationship with CIBC, information about me from and sharing it with, the CIBC group of companies, credit bureaus, government institutions or registries, mutual fund companies and other issuers, regulators and self-regulatory organizations, other financial institutions, applicable program partners, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) verifying information I give you; (iii) protecting me and CIBC from error and criminal activity; and (iv) complying with legal and regulatory obligations. CIBC's privacy policy is available at any branch or <u>www.cibc.com</u>. This policy may be amended, replaced or supplemented from time to time. **Parent or Guardian signature is required if the Beneficiary is a minor.** 

As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax Identification Number) are, to the best of my knowledge and belief, correct and complete. If any of this information changes, I will provide CIBC Investor Services with the updated information within 30 days. Failure to provide satisfactory self-certification of tax residency or U.S. citizenship status may result in my account information being reported to the relevant tax authority and I may be subject to a penalty under the *Income Tax Act*.

Date (mm/dd/yyyy)

Х

C	/D	r	1.6	
Settlor/	/ Kene	ticiary	Intorm	nation
56661017	Dene	inclui y		iacion.

Complete the Settlor/Beneficiary Information section below for each applicable Settlor or Beneficiary entitled to more than 10% of the income or assets of the Trust.

Please indicate whether the individual is a S Legal Name	Settlor 🗌 Beneficia	ary				
Preferred Name						
Check here if the above-named settlor or be Address	eneficiary is a trustee,	and the following info	ormation has alr	ready been collected.		
City	Province/Foreign Infor	mation	Country		Po	stal Code
Relationship to Account Holder		Date of Birth ( <i>mm/dd/</i> )	<i>үууу)</i>	Primary Telephone I	Number	
Email Address						
Canadian Citizenship	country of citizenship	o?				
Common Reporting Standard (CRS) an Country of Tax Residency	nd Foreign Accou	Int Tax Compliand	Social Ins	<b>CA) Tax Residency</b> urance Number (SIN)/Taxpa urity Number (SSN)	yer Identification	n Number (TIN)/
Are you a U.S. Person (such as a resident or citiz	zen) for tax purposes	? 🗌 Yes 🗌 I	No			
Employment Information Employer's Name						
Type of Business						
Occupation						
Address						
City	Province/Forei	gn Information		Country		
Are you, your spouse, any person(s) living in the an Investment Industry Professional?	e same home, trading	authority, or anyone v	who exercises ir	nfluence on this account	Yes	No No
Are you an insider of a reporting issuer or any of If Yes, list below	ther issuer whose sec	urities are publicly tra	ided?		Yes Yes	🗌 No
Do you alone or as part of a group hold more the securities are publicly traded? If Yes, list below	an 20% or have a con	trol block of a reportir	ng issuer or any	other issuer whose	Yes	🗌 No

#### Informal Trust/Nominee Account Agreement

Primary Financial Institution - Required only if client's identification was not verified at the Banking Centre.				
Financial Institution	Bank Transit	Bank Account Number	Financial Institution Contact Name	

#### Authorization

I hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may include collecting, during the course of my relationship with CIBC, information about me from and sharing it with, the CIBC group of companies, credit bureaus, government institutions or registries, mutual fund companies and other issuers, regulators and self-regulatory organizations, other financial institutions, applicable program partners, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) verifying information I give you; (iii) protecting me and CIBC from error and criminal activity; and (iv) complying with legal and regulatory obligations. CIBC's privacy policy is available at any branch or <u>www.cibc.com</u>. This policy may be amended, replaced or supplemented from time to time. **Parent or Guardian signature is required if the Beneficiary is a minor.** 

As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax Identification Number) are, to the best of my knowledge and belief, correct and complete. If any of this information changes, I will provide CIBC Investor Services with the updated information within 30 days. Failure to provide satisfactory self-certification of tax residency or U.S. citizenship status may result in my account information being reported to the relevant tax authority and I may be subject to a penalty under the *Income Tax Act*.

Date (mm/dd/yyyy)

Х

Settlor	/Beneficiary	Information
JELLIUI	/ Denencially	mormation

Complete the Settlor/Beneficiary Information section below for each applicable Settlor or Beneficiary entitled to more than 10% of the income or assets of the Trust.

Please indicate whether the individual is a Legal Name	Settlor 🗌 Beneficiary					
Preferred Name						
Check here if the above-named settlor or l Address	beneficiary is a trustee, and	I the following info	rmation has alrea	dy been collected.		
City	Province/Foreign Informati	on	Country		Po	stal Code
Relationship to Account Holder	Da	ite of Birth ( <i>mm/dd/y</i>	ууу)	Primary Telephone	Number	
Email Address						
Canadian Citizenship	r country of citizenship? _					
Common Reporting Standard (CRS)	and Foreign Account	Tax Complianc	Social Insura	A) Tax Residency Ince Number (SIN)/Taxpa ty Number (SSN)	yer Identification	ו Number (TIN)/
			[			
Are you a U.S. Person (such as a resident or ci	tizen) for tax purposes?	Yes N	No			
Employment Information Employer's Name						
Type of Business						
Occupation						
Address						
City	Province/Foreign In	formation		Country		
Are you, your spouse, any person(s) living in t an Investment Industry Professional?	he same home, trading aut	hority, or anyone w	vho exercises infli	uence on this account	Yes	No No
Are you an insider of a reporting issuer or any If Yes, list below	other issuer whose securiti	ies are publicly tra	ded?		Yes	No No
Do you alone or as part of a group hold more t securities are publicly traded? If Yes, list below	han 20% or have a control	block of a reportin	ig issuer or any ot	her issuer whose	Yes	🗌 No

#### Informal Trust/Nominee Account Agreement

Primary Financial Institution - Required only if client's identification was not verified at the Banking Centre.				
Financial Institution	Bank Transit	Bank Account Number	Financial Institution Contact Name	

#### Authorization

I hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may include collecting, during the course of my relationship with CIBC, information about me from and sharing it with, the CIBC group of companies, credit bureaus, government institutions or registries, mutual fund companies and other issuers, regulators and self-regulatory organizations, other financial institutions, applicable program partners, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) verifying information I give you; (iii) protecting me and CIBC from error and criminal activity; and (iv) complying with legal and regulatory obligations. CIBC's privacy policy is available at any branch or <u>www.cibc.com</u>. This policy may be amended, replaced or supplemented from time to time. **Parent or Guardian signature is required if the Beneficiary is a minor.** 

As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax Identification Number) are, to the best of my knowledge and belief, correct and complete. If any of this information changes, I will provide CIBC Investor Services with the updated information within 30 days. Failure to provide satisfactory self-certification of tax residency or U.S. citizenship status may result in my account information being reported to the relevant tax authority and I may be subject to a penalty under the *Income Tax Act*.

Date (mm/dd/yyyy)

Х