



**Estate Account Agreement**

**Account Number**

**Account Name**

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

For this Estate Account, there are:

\_\_\_ Estate Representative(s)

\_\_\_ Settlor(s)

\_\_\_ Beneficiary/Beneficiaries

In this agreement, the word "I" refers to each undersigned Estate Representative (which includes an executor, estate trustee, liquidator or administrator) for the above-noted account.

I have received and read the CIBC Investor Services Account Agreement and Disclosures booklet and agree to be bound by it. I hereby certify that the information I provide to CIBC Investor Services is true, complete and accurate.

I consent to the collection, use and disclosure by CIBC Investor Services of the information I provide in order to verify identity, to protect against fraud and error and to comply with legal and regulatory requirements, as described in our privacy brochure, *Your Privacy is Protected*, which is available at CIBC branches or at [www.cibc.com](http://www.cibc.com). If I revoke this consent then my trading authority in respect of the above-noted account will be terminated.

***Please sign below.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Estate Representative	<b>X</b>	Signature
Name of Estate Representative	<b>X</b>	Signature
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Account Number

Estate Account Agreement

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**Estate Representative Information**

Legal Name

Preferred Name

Address

City

Province/Foreign Information

Country

Postal Code

Date of Birth (mm/dd/yyyy)

Primary Telephone Number

Email Address

**Canadian Citizenship**

Yes  No

If No, what is your country of citizenship? \_\_\_\_\_

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**Employment Information**

Employer's Name

Type of Business

Occupation

Address

City

Province/Foreign Information

Country

Are you, your spouse, any person(s) living in the same home, trading authority, or anyone who exercises influence on this account an Investment Industry Professional?  Yes  No

Are you an insider of a reporting issuer or any other issuer whose securities are publicly traded?  Yes  No

If Yes, list below

Do you alone or as part of a group hold more than 20% or have a control block of a reporting issuer or any other issuer whose securities are publicly traded?  Yes  No

If Yes, list below

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**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

Account Number

Estate Account Agreement

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**Estate Representative Information**

Legal Name

Preferred Name

Address

City

Province/Foreign Information

Country

Postal Code

Date of Birth (mm/dd/yyyy)

Primary Telephone Number

Email Address

**Canadian Citizenship**

Yes  No

If No, what is your country of citizenship?

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**Employment Information**

Employer's Name

Type of Business

Occupation

Address

City

Province/Foreign Information

Country

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**Estate Representative Information**

Legal Name

Preferred Name

Address

City

Province/Foreign Information

Country

Postal Code

Date of Birth (mm/dd/yyyy)

Primary Telephone Number

Email Address

**Canadian Citizenship**

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Financial Institution

Bank Transit

Bank Account Number

Financial Institution Contact Name

Account Number

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**Beneficiary Information**

Mr    Mrs   Legal Name  
 Miss    Ms

Preferred Name

Address

City   Province/Foreign Information   Country   Postal Code

Date of Birth (mm/dd/yyyy)   Email Address

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**Beneficiary Information**

Mr    Mrs   Legal Name  
 Miss    Ms

Preferred Name

Address

City   Province/Foreign Information   Country   Postal Code

Date of Birth (mm/dd/yyyy)   Email Address

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**Beneficiary Information**

Mr    Mrs   Legal Name  
 Miss    Ms

Preferred Name

Address

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