

CIBC INVESTOR SERVICES INC.

Signature

Signature

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Estate Account Agreement

Account Number

Ac	count Name								
To	: CIBC Investor Services Inc. ("CIBC Inv	ostor Sarvigas")							
	r this Estate Account, there are:	estor services /							
ror	•	Settlor(s)	Panaficiary / Panaficiarios						
	Estate Representative(s)		Beneficiary/Beneficiaries						
	this agreement, the word "I" refers to ea ministrator) for the above-noted accoun		entative (which includes an executor, estate trustee, liquidator o	ir					
			and Disclosures booklet and agree to be bound by it.						
I he	ereby certify that the information I provi	de to CIBC Investor Services is	true, complete and accurate.						
1.	Purposes: CIBC may handle Your pers identify you obey the law personalize CIBC's relationship w market and send you offers, inclu manage risk and our business improve products and services	onal information to: vith you Iding customized marketing an	nation. It also tells You about Your rights and choices. In summa	iry:					
	enforce our rights (such as collectprotect both you and CIBC against	st fraud and error							
2.	as credit bureaus, government institut	tions or registries, mutual fund ons, applicable program partn	BC and the CIBC group of companies, and with third parties, succompanies and other issuers, regulators and self-regulatory ers, any references You give us, and other such parties for the r Canada.	ch					
3.	How we collect: CIBC may collect info recordings, website cookies, mobile a		third parties or by using technology (for example, voice or video	Э					
4.			nd on how You interact with us, but normally include contact antion about how You use our products and services.	d					
5.	Privacy rights and choices: In some cases, You have a right to withdraw consent. For example, You can call CIBC at 1800 465-CIBC (2422) to tell us not to send You marketing messages, including customized marketing and offers from us and trusted partners. However, if You withdraw Your consent to purposes that are necessary to provide You with the account (such as identity verification, legal compliance, and fraud prevention), then Your trading authority in respect of the above-noted account will be terminated. You also have the right to se and correct the information we have about You.								
	u can see CIBC's privacy policy at any ba st our most up-to-date policy on our wel		.cibc.com/privacy. We may update this policy from time to time	e. We					
	signing below, You agree to CIBC handl derstand Your privacy choices.	ling Your personal information	as described here and in CIBC's privacy policy, and confirm Yo	u					
Da	ted this day of		·						
			X						
	Name of Estate Representative		Signature						

 $X_{\underline{}}$

Name of Estate Representative

Name of Estate Representative

Account Number Estate Account Agreement

Estate Representative II	nformation								
Legal Name									
Preferred Name									
Address									
City		Province/For	ovince/Foreign Information Country						
		110411100/1101	reign information	ĺ	Country			Postal Code	
Date of Birth (mm/dd/yyyy)	Primary Telephone I	Number	Email Address						
Canadian Citizenship									
Yes No	If No, what is your	country of	citizenship?						
Employment Informatio	n								
Employer's Name									
Improyer s rume									
Type of Business									
Occupation									
Address 									
City		Provi	nce/Foreign Information	ion		Country			
Are you, your spouse, any pers		same home	e, trading authority, o	or anyone wh	no exercises influe	ence on this account	Yes	☐ No	
an Investment Industry Profes									
Are you an insider of a reporting issuer or any other issuer whose securities are publicly traded?									
If Yes, list below									
								_	
Do you alone or as part of a gr securities are publicly traded?	oup hold more than	1 20% or h	ave a control block o	of a reporting	issuer or any oth	er issuer whose	Yes	∐ No	
If Yes, list below									
Dutana Pinana tal La Cit	D	1 :6 1:		,	1 1 1 D 1	<u> </u>			
Primary Financial Institu	ation - Required o								
Financial Institution		Bank Trans	IT	Bank Accoun	it inumber	Financial Institu	tion Contact N	ame	

Account Number Estate Account Agreement

Fatata Dannas antation la	-f								
Estate Representative In	nformation								
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	If No what is your	country of	oitizanahin?						
Yes No	If No, what is your	country or c	Littizeriship:						
Employment Informatio	n								
Employer's Name									
Type of Business									
Occupation									
Address									
City		Provi	nce/Foreign Informatio	on		Count	try		
Are you, your spouse, any person Investment Industry Profes		same home	, trading authority, o	or anyone w	ho exercises inf	fluence o	n this account	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 gr securities are publicly traded? If Yes, list below	oup hold more tha	n 20% or ha	ave a control block o	f a reportin	g issuer or any o	other issu	uer whose	Yes	. No
Primary Financial Institu	ition - Paguirad	only if clics	t's identification	as not vori	ind at the Danie	ina Cont	tro		
Financial Institution	acion - Negaliea	Bank Transi			nt Number	ang cent	Financial Institutio	on Contact N	lame

Account Number Estate Account Agreement

Estate Representative Info	rmation							
Legal Name	mation							
Preferred Name								
Address								
City		Province/Fo	reign Information		Country			Postal Code
Date of Birth (mm/dd/yyyy) Pri	mary Telephone	Number	Email Address					
Canadian Citizenship								
	lo, what is your	country of	citizenship?					
Employment Information								
Employer's Name								
Type of Business								
Occupation								
Address								
City		Provi	ince/Foreign Informati	ion		Country		
Are you, your spouse, any person an Investment Industry Profession		same home	e, trading authority,	or anyone w	ho exercises infl	uence on this account	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 securities are publicly traded? If Yes, list below	hold more tha	n 20% or h	ave a control block o	of a reporting	g issuer or any ot	her issuer whose	Yes	☐ No
Primary Financial Institution	on - Required	only if clien	nt's identification w	vas not verif	ied at the Bankii	na Centre.		
Financial Institution		Bank Trans		Bank Accou		Financial Institution	on Contact N	ame

Account Number Estate Account Agreement Beneficiary Information Legal Name Mr Mrs Miss Ms Preferred Name Address Postal Code City Province/Foreign Information Country Date of Birth (mm/dd/yyyy) **Email Address Beneficiary Information** Legal Name Mrs Mr Ms Miss Preferred Name Address Postal Code City Province/Foreign Information Country Date of Birth (mm/dd/yyyy) **Email Address Beneficiary Information** Legal Name Mr Mrs Miss Ms Preferred Name Address Postal Code City Province/Foreign Information Country

Email Address

Date of Birth (mm/dd/yyyy)

Account Number Estate Account Agreement Beneficiary Information Legal Name Mr Mrs Miss Ms Preferred Name Address Postal Code City Province/Foreign Information Country Date of Birth (mm/dd/yyyy) Email Address **Beneficiary Information** Legal Name Mr Mrs Miss Ms Preferred Name Address City Province/Foreign Information Postal Code Country

Email Address

Date of Birth (mm/dd/yyyy)