

NORTHERN RIVERS CAPITAL MANAGEMENT INC.

ENTITY (NON-INDIVIDUAL) KNOW YOUR CLIENT FORM

Securities Legislation requires us to obtain the following information every year.
This information is kept strictly confidential.

ENTITY INFORMATION

Entity Name and: _____
Previous Entity Name(s), if applicable

Registered Office Address: _____

City: _____

Province/Territory/State and: _____
Postal Code

Telephone Number: _____

Fax Number: _____

Email Address: _____

Entity Type (Corporation/Partnership/Limited Partnership, Trust): _____

Date of Incorporation/Formation and: _____
Governing Jurisdiction

Corporate/Registration Number: _____

Nature of Business: _____

Years in Business: _____

Number of Employees: _____

Comments: _____

VERIFICATION OF EXISTENCE

We are required to verify the existence of the Entity pursuant to The Proceeds of Crime and Terrorist Financing Act.

Please provide a copy of the appropriate supporting documents to verify the legal existence, continuing status and authorized signatories of the Entity as follows:

- ❖ Corporation: 1. Document to confirm existence (e.g. certificate of corporate status, record filed under provincial securities legislation, audited annual report, notice of assessment from federal or provincial government) _____
2. Document that identifies current authorized signatories (e.g. certificate of incumbency, BOD resolution, articles of incorporation etc): _____
- ❖ Partnership or Limited Partnership: 1. Document to confirm existence (e.g. partnership agreement): _____
- ❖ Trust: 1. Trust Agreement (identifies trustees, signatories, and beneficiaries): _____

We are also required to verify all individuals authorized to give instructions for the account to a maximum of three individuals pursuant to the Proceeds of Crime and Terrorist Financing Act, one of which should include the General Partner of a Limited Partnership if the General Partner is an individual or an authorized signatory of the General Partner if the General Partner of the Limited Partnership is a corporation.

Name of Individual #1: _____

Address: _____

Country of Residence: _____

Citizenship: _____

Date of Birth: _____

Personal Telephone Number: _____

Business Telephone Number: _____

Principal Occupation: _____

Employer: _____

Employer's Address: _____

VERIFICATION OF EXISTENCE (cont'd)

We are required to verify your identity pursuant to The Proceeds of Crime and Terrorist Financing Act. **Note: we cannot proceed with a transaction until you have been identified.**

The method of identification is dependent on whether you are physically present:

If the individual is present, we are required to view one of the following **original** pieces of ID and obtain a photocopy.

Driver's License _____ Birth Certificate _____ Passport _____ Canadian Citizenship _____

Document Number (mandatory) _____ Issuing Jurisdiction _____

If the individual is not present, we are required to identify you via **both** of the following methods

Attestation method

Provide us with a legible photocopy of an original identification document for the individual that has been seen by a commissioner of oaths or a guarantor. The attestation must be on the photocopy of the document and include the following information:

- the name, profession and address of the commissioner of oaths or the guarantor;
- the signature of the commissioner of oaths or the guarantor; and
- the type and number of the identifying document provided by the individual being identified.

In this context, a guarantor has to be an individual engaged in one of the following professions in Canada:

- a dentist, a medical doctor or a chiropractor;
- a judge, a magistrate or a lawyer;
- a notary (in Quebec) or a notary public;
- an optometrist or a pharmacist;
- an accredited public accountant (APA), a chartered accountant (CA), a certified general accountant (CGA), a certified management accountant (CMA), a public accountant (PA) or a registered public accountant (RPA);
- a professional engineer (P. Eng., in a province other than Quebec) or engineer (Eng. in Quebec); or
- a veterinarian.

and

Cleared cheque or deposit account method

we are required to confirm one of the following:

that the individual holds an account (in the individual's name) with a financial entity _____; **or**

that a cheque drawn on the individual's account with a financial entity has been cleared _____.

In either instance, all of the following information must be provided:

Bank Name: _____ Account Number: _____

Branch Address: _____ Transit Number: _____

Internal Use Only: Date confirmed account held with a financial entity: _____

Name of Individual #2: _____

Address: _____

Country of Residence: _____

Citizenship: _____

Date of Birth: _____

Personal Telephone Number: _____

Business Telephone Number: _____

Principal Occupation: _____

Employer: _____

Employer's Address: _____

VERIFICATION OF EXISTENCE (cont'd)

We are required to verify your identity pursuant to The Proceeds of Crime and Terrorist Financing Act. **Note: we cannot proceed with a transaction until you have been identified.**

The method of identification is dependent on whether you are physically present:

If the individual is present, we are required to view one of the following **original** pieces of ID and obtain a photocopy.

Driver's License _____ Birth Certificate _____ Passport _____ Canadian Citizenship _____

Document Number (mandatory) _____ Issuing Jurisdiction _____

If the individual is not present, we are required to identify you via **both** of the following methods

Attestation method

Provide us with a legible photocopy of an original identification document for the individual has been seen by a commissioner of oaths or a guarantor. The attestation must be on the photocopy of the document and include the following information:

- the name, profession and address of the commissioner of oaths or the guarantor;
- the signature of the commissioner of oaths or the guarantor; and
- the type and number of the identifying document provided by the individual being identified.

In this context, a guarantor has to be an individual engaged in one of the following professions in Canada:

- a dentist, a medical doctor or a chiropractor;
- a judge, a magistrate or a lawyer;
- a notary (in Quebec) or a notary public;
- an optometrist or a pharmacist;
- an accredited public accountant (APA), a chartered accountant (CA), a certified general accountant (CGA), a certified management accountant (CMA), a public accountant (PA) or a registered public accountant (RPA);
- a professional engineer (P. Eng., in a province other than Quebec) or engineer (Eng. in Quebec); or
- a veterinarian.

and

Cleared cheque or deposit account method

we are required to confirm one of the following:

that the individual holds an account (in the individual's name) with a financial entity _____; **or**

that a cheque drawn on the individual's account with a financial entity has been cleared _____.

In either instance, all of the following information must be provided:

Bank Name: _____ Account Number: _____

Branch Address: _____ Transit Number: _____

Internal Use Only: Date confirmed account held with a financial entity: _____

Name of Individual #3: _____

Address: _____

Country of Residence: _____

Citizenship: _____

Date of Birth: _____

Personal Telephone Number: _____

Business Telephone Number: _____

Principal Occupation: _____

Employer: _____

Employer's Address: _____

VERIFICATION OF EXISTENCE (cont'd)

We are required to verify your identity pursuant to The Proceeds of Crime and Terrorist Financing Act. **Note: we cannot proceed with a transaction until you have been identified.**

The method of identification is dependent on whether you are physically present:

If the individual is present, we are required to view one of the following **original** pieces of ID and obtain a photocopy.

Driver's License _____ Birth Certificate _____ Passport _____ Canadian Citizenship _____

Document Number (mandatory) _____ Issuing Jurisdiction _____

If the individual is not present, we are required to identify you via **both** of the following methods

Attestation method

Provide us with a legible photocopy of an original identification document for the individual has been seen by a commissioner of oaths or a guarantor. The attestation must be on the photocopy of the document and include the following information:

- the name, profession and address of the commissioner of oaths or the guarantor;
- the signature of the commissioner of oaths or the guarantor; and
- the type and number of the identifying document provided by the individual being identified.

In this context, a guarantor has to be an individual engaged in one of the following professions in Canada:

- a dentist, a medical doctor or a chiropractor;
- a judge, a magistrate or a lawyer;
- a notary (in Quebec) or a notary public;
- an optometrist or a pharmacist;
- an accredited public accountant (APA), a chartered accountant (CA), a certified general accountant (CGA), a certified management accountant (CMA), a public accountant (PA) or a registered public accountant (RPA);
- a professional engineer (P. Eng., in a province other than Quebec) or engineer (Eng. in Quebec); or
- a veterinarian.

and

Cleared cheque or deposit account method

we are required to confirm one of the following:

that the individual holds an account (in the individual's name) with a financial entity _____; **or**

that a cheque drawn on the individual's account with a financial entity has been cleared _____ .

In either instance, all of the following information must be provided:

Bank Name: _____ Account Number: _____

Branch Address: _____ Transit Number: _____

Internal Use Only: Date confirmed account held with a financial entity: _____

ENTITY BANKING INFORMATION

Name of Financial Institution: _____

Office Address: _____

City: _____

Province/Territory/State and: _____

Postal Code

Name of Bank Account Holder: _____

Bank Account Number: _____ Transit Number: _____

Authorized Signatory: _____

Name and Title of Principal Bank Contact: _____

BENEFICIAL OWNER INFORMATION

If the Entity is a corporation, all individuals who directly or indirectly control greater than 25% of the shares in the Corporation must be disclosed. If the Entity is not a corporation, all individuals who directly or indirectly own or control greater than 25% of the Entity must be disclosed (please continue on a separate piece of paper and attach if insufficient room):

Beneficial Owner #1: _____

Address: _____

Type of Interest Held/% of Entity held: _____

Occupation: _____

Beneficial Owner #2: _____

Address: _____

Type of Interest Held/% of Entity held: _____

Occupation: _____

Beneficial Owner #3: _____

Address: _____

Type of Interest Held/% of Entity held: _____

Occupation: _____

Directors

If the Entity is a corporation, please identify the name and occupation of all Directors of the corporation (please continue on a separate piece of paper and attach if insufficient room):

Director #1: _____

Occupation: _____

Director #2: _____

Occupation: _____

Director #3: _____

Occupation: _____

Not-for-profit organizations

Is the Entity a registered charity? Yes No

if No, does the entity solicit charitable donations from the public? Yes No

ENTITY FINANCIAL INFORMATION, OBJECTIVES AND RISK TOLERANCE

<p>Approximate Gross Income</p> <p><input type="checkbox"/> Under \$25,000</p> <p><input type="checkbox"/> \$25,000 - \$49,999</p> <p><input type="checkbox"/> \$50,000 - \$74,999</p> <p><input type="checkbox"/> \$75,000 - \$99,999</p> <p><input type="checkbox"/> \$100,000 - \$124,999</p> <p><input type="checkbox"/> \$125,000 - \$200,000</p> <p><input type="checkbox"/> Over \$200,000</p>	<p>Approximate Value of Net Assets</p> <p><input type="checkbox"/> Under \$100,000</p> <p><input type="checkbox"/> \$100,000 - \$499,999</p> <p><input type="checkbox"/> \$500,000 - \$999,999</p> <p><input type="checkbox"/> \$1,000,000 - \$2,499,999</p> <p><input type="checkbox"/> \$2,500,000 - \$4,999,999</p> <p><input type="checkbox"/> Over \$5,000,000</p>	<p>Risk Tolerance</p> <p><input type="checkbox"/> None (0)</p> <p><input type="checkbox"/> Very Low (1)</p> <p><input type="checkbox"/> Low (2)</p> <p><input type="checkbox"/> Low - Medium (3)</p> <p><input type="checkbox"/> Medium (4)</p> <p><input type="checkbox"/> Medium - High (5)</p> <p><input type="checkbox"/> High (6)</p> <p><input type="checkbox"/> Aggressive (7)</p> <p><input type="checkbox"/> Speculative (8)</p>	<p style="text-align: center;">Current Assets/ Liabilities Breakdown (Optional)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">\$ _____ Investments</td> <td style="width: 50%;">\$ _____ Loans</td> </tr> <tr> <td>\$ _____ Other</td> <td>\$ _____ Other</td> </tr> <tr> <td>\$ _____ Total Assets</td> <td>\$ _____ Total Liab.</td> </tr> </table> <p style="text-align: center;">\$ _____ Total Net Assets</p>	\$ _____ Investments	\$ _____ Loans	\$ _____ Other	\$ _____ Other	\$ _____ Total Assets	\$ _____ Total Liab.
\$ _____ Investments	\$ _____ Loans								
\$ _____ Other	\$ _____ Other								
\$ _____ Total Assets	\$ _____ Total Liab.								
<p>Investment Objectives (Please choose only one)</p> <p><input type="checkbox"/> Safety</p> <p><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Balanced</p> <p><input type="checkbox"/> Growth & Income</p> <p><input type="checkbox"/> Growth</p> <p><input type="checkbox"/> Aggressive Growth</p> <p><input type="checkbox"/> Speculation</p> <p>Other Objectives</p> <p><input type="checkbox"/> Tax Savings</p> <p><input type="checkbox"/> Estate Planning</p>	<p>Liquidity Needs (as % of Total Portfolio)</p> <p><input type="checkbox"/> 1-3 yrs _____%</p> <p><input type="checkbox"/> 3-5 yrs _____%</p> <p><input type="checkbox"/> 5-10 yrs _____%</p> <p><input type="checkbox"/> 11-20 yrs _____%</p> <p><input type="checkbox"/> 20+ yrs _____%</p> <p><input type="checkbox"/> None _____%</p> <p>Total 100%</p> <p>Time Horizon (To Meet Inv. Objectives)</p> <p><input type="checkbox"/> 1 - 2 years</p> <p><input type="checkbox"/> 3 - 5 years</p> <p><input type="checkbox"/> 6 - 10 years</p> <p><input type="checkbox"/> 11 - 20 Years</p>	<p>Investment Knowledge</p> <p><input type="checkbox"/> Sophisticated</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Novice</p> <p style="text-align: center;">Other Investments</p> <p><input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds</p> <p><input type="checkbox"/> Mortgages <input type="checkbox"/> Term Deposits</p> <p><input type="checkbox"/> Stocks <input type="checkbox"/> Real Estate</p>	<p style="text-align: center;"><u>Account's Intended Use</u></p> <p>(e.g. investments of the retained earnings of a corporation, investments for a group plan)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						

Comments: _____

Need Help Completing the Entity Financial Information Section?

1. Approximate Gross Income: Income before taxes from all sources.
2. Approximate Value of Net Assets: (Net Assets = Total Assets – Liabilities).
3. Risk Tolerance: All investments chosen will be carefully compared to the risk tolerance you select to assess suitability. A higher risk tolerance indicates a greater tolerance for short term volatility in the value of your portfolio in the pursuit of higher potential long term investment returns. Below are some examples of investments associated with different types of risk.

0 = None (GICs, CSBs, T-Bills)	5 = Medium-High (Growth Portfolio)
1 = Very Low (Short Term Bonds)	6 = High (Maximum Growth Portfolio)
2 = Low (Bonds)	7 = Aggressive (May have larger weightings in sectors and specialized funds)
3 = Low-Medium (Income/Balanced Portfolio)	8 = Speculative (May have larger weightings in stocks, futures, highly speculative funds)
4 = Medium (Diversified Portfolio)	
4. Current Assets/Liabilities Breakdown: This section is optional and does not have to be completed unless you would like to include this extra information. Additional information provided will be used to assess the suitability of investments chosen.
5. Investment Objectives: Ensure that you select the one box that best suits the Entity's overall investment objectives for its total portfolio.
Safety = Capital preservation
Income = The Entity currently requires regular income from most of its investments
Balanced = A diversified portfolio of stocks, bonds and cash or equivalents, providing a mixture of growth, income and some capital preservation.
Growth and Income = A growth portfolio with regular income.
Growth = A portfolio that has the goal of medium to long term growth, but may have short and long term fluctuations
Aggressive Growth = A long-term growth portfolio that might have dramatic fluctuations (ex. Specialty or Sector Funds)
Speculation = Investing in potentially very risky long-term investments (ex. Stocks, Futures, Venture Capital)
6. Other Objectives: Please select any or all that apply to the Entity.
7. Liquidity Needs: Please indicate the percentage of the entity's investments you want to withdraw during the following time frames: **1-3 yrs/3-5 yrs/5-10 yrs/11-20 yrs/20+ yrs**.
8. Time Horizon: This is the time available for the Entity's portfolio to meet its investment objectives. A longer time horizon may indicate a higher capability to take on risk.
9. Investment Knowledge: Please choose the box that best describes the Entity's investment knowledge.
10. Other Investments: Please indicate all products that the entity has investments in. This helps us determine the Entity's experience with investments.
11. It is **important for the signatory of the Entity to sign and date this document** after reading the Disclosure Statement on the last page of this form. Keep one copy and return the original to Northern Rivers Capital Management Inc.

ENTITY SECURITIES OWNERSHIP

a) Does the Entity own, directly or indirectly, 10% or more of the voting rights of any publicly traded entity or that is a subsidiary of a publicly traded entity?

Yes No

If Yes, please provide the names and trading symbols of the publicly traded entity or entities:

b) Is the Entity, either singularly or as part of a group, in a control position with respect to any publicly traded entity?

Yes No

If Yes, please provide the names and trading symbols of the publicly traded entity or entities:

c) Do any affiliated companies* of the Entity own, directly or indirectly, 10% or more of the voting rights of any publicly traded entity?

Yes No

If Yes, please provide the names and trading symbols of the publicly traded entity or entities:

d) Are any affiliated companies* of the Entity, either singularly or as part of a group, in a control position with respect to any publicly traded entity?

Yes No

If Yes, please provide the names and trading symbols of the publicly traded entity or entities:

e) Are any affiliated companies* of the Entity a director or officer of any publicly traded entity or a director or officer of any other type of entity that either owns, directly or indirectly, or exercises control over 10% or more of the voting rights of any publicly traded entity or that is a subsidiary of a publicly traded entity?

Yes No

If Yes, please provide the names and trading symbols of the publicly traded entity or entities:

Comments: _____

*Please note that the relevant securities legislation deems a company to be an affiliate of another company if one of them is a subsidiary of the other company, where both companies are subsidiaries of another company or if each of them is controlled by the same person or company. A company shall be deemed to be controlled by another person or company or by two or more companies if 50% or more of the voting securities of the company are held by or for the benefit of the other person or company and, if exercised, could elect a majority of the board of directors of the company.

TRADING AUTHORIZATION / OTHER INTEREST

In addition to the Entity, will any other person(s) or entities:

a) Have trading authority on this account?

Yes No

If Yes, please provide particulars (including relationship to the Entity):

b) Have a financial interest in this account
(i.e. "In Trust" beneficiary, guarantor, etc.)

Yes No

If Yes, please provide particulars:

c) Are you acting on someone else's instructions?

Yes No

If Yes, please provide particulars:

Name of other person: _____

Address: _____

Principal business/occupation: _____

Date of Birth (if individual) _____

Incorporation #/place of incorporation (if corporation): _____

Nature of relationship _____

If the Entity has borrowed funds to purchase any investment, the Entity has borrowed on its own accord and realizes the risks associated with borrowing to invest. The Entity holds NRCMI and its duly licensed representatives harmless of any losses whatsoever.

Securities may be purchased using available monies, or a combination of cash and borrowed money. If cash is used to pay for the purchase in full, the percentage gain or loss will equal the percentage increase or decrease in the value of the securities. The purchase of securities using borrowed money magnifies the gain or loss on the amount invested. This effect is called leveraging. For example, if \$100,000 of securities are purchased and paid for with \$25,000 from available cash and \$75,000 from borrowings, and the value of the securities declines by 10% to \$90,000, your equity interest (the difference between the value of the securities and the amount borrowed) has declined by 40%, i.e. from \$25,000 to \$15,000.

It is important that an investor proposing to borrow for the purchase of securities be aware that a purchase with borrowed monies involves greater risk than a purchase using cash resources only. To what extent a purchase using borrowed monies involves undue risk is a determination to be made by each purchaser and will vary depending on the circumstances of the purchaser and the securities purchased. It is also important that the investor be aware of the terms of a loan secured by securities. The lender may require that the amount outstanding on the loan not rise above an agreed percentage of the market value of the securities. Should this occur, the borrower must pay down the loan or sell the securities so as to return the loan to the agreed percentage relationship.

In our example above, the lender may require that the loan not exceed 75% of the market value of the securities. On a decline of value of the units to \$90,000 the borrower must reduce the loan to \$67,500 (75% of \$90,000). If the borrower does not have cash available, the borrower must sell securities at a loss to provide money to reduce the loan. Money is, of course, also required to pay interest on the loan. Under these circumstances, investors who use borrowed funds to purchase their investment are advised to have adequate financial resources available both to pay interest and also to reduce the loan if the borrowing arrangements require such a payment.

PRIVACY DISCLOSURE STATEMENT

By signing this form I consent to the Entity's information being collected, held, used and disclosed by NRCMI* to any regulatory body or third party financial institution with whom the entity has an account in the ways and purposes identified by NRCMI's Privacy Policy. I can access NRCMI's privacy policy by contacting NRCMI at 1 866 902 7060 or by accessing the company's website at www.NorthernRiversFunds.com. If I have provided information concerning signatories, shareholders, partners, trustees or beneficiaries of the entity, I confirm that I am authorized to provide such information. I am aware that if I do not provide consent, NRCMI may be required to decline to accept or administer the Entity's account or policy.

*NRCMI includes: any advisors, associates, agents and employees.

Signature of Authorized Signatory: _____

Date: _____

Name:

Title:

Salesperson Signature: _____

Date: _____

Name:

Title:

Designated Officer or : _____

Date: _____

Director Approval

Name:

Title:

POLITICALLY EXPOSED FOREIGN PERSONS

Instructions: Each authorized person on an account must complete and sign this form. If the answer to any question is “yes” please provide full details of the position held.

Individual #1

Do you now, or have you ever held any of the following positions in or on behalf of a **foreign** state? This applies only to positions in a national state, and not provinces or municipalities or the equivalent. It does not apply to positions held in Canada.

- a) Head of State or Head of Government
- b) Member of the Executive Council of Government or Member of a Legislature
- c) Deputy Minister or Equivalent Rank
- d) Ambassador or Attache or Counselor of an Ambassador
- e) Military Officer with a rank of General or above
- f) President of a state-owned company or a state-owned bank
- g) Head of government agency
- h) Judge
- i) Leader or President of a political party represented in a legislature

No Yes

Does your spouse, common-law partner, child, mother, father, brother, sister, spouse's or common-law partner's mother or father hold, or have they ever held any of the positions listed in (a) through (i) on behalf of a foreign state?

No Yes

Signature

Date

Name of Person Signing

Name of Account

Individual #2

Do you now, or have you ever held any of the following positions in or on behalf of a **foreign** state? This applies only to positions in a national state, and not provinces or municipalities or the equivalent. It does not apply to positions held in Canada.

- a) Head of State or Head of Government
- b) Member of the Executive Council of Government or Member of a Legislature
- c) Deputy Minister or Equivalent Rank
- d) Ambassador or Attache or Counselor of an Ambassador
- e) Military Officer with a rank of General or above
- f) President of a state-owned company or a state-owned bank
- g) Head of government agency
- h) Judge
- i) Leader or President of a political party represented in a legislature

No Yes

Does your spouse, common-law partner, child, mother, father, brother, sister, spouse's or common-law partner's mother or father hold, or have they ever held any of the positions listed in (a) through (i) on behalf of a foreign state?

No Yes

Signature

Date

Name of Person Signing

Name of Account

POLITICALLY EXPOSED FOREIGN PERSONS (CONT'd)

Individual #3

Do you now, or have you ever held any of the following positions in or on behalf of a foreign state? This applies only to positions in a national state, and not provinces or municipalities or the equivalent. It does not apply to positions held in Canada.

- a) Head of State or Head of Government
- b) Member of the Executive Council of Government or Member of a Legislature
- c) Deputy Minister or Equivalent Rank
- d) Ambassador or Attache or Counselor of an Ambassador
- e) Military Officer with a rank of General or above
- f) President of a state-owned company or a state-owned bank
- g) Head of government agency
- h) Judge
- i) Leader or President of a political party represented in a legislature

No Yes

Does your spouse, common-law partner, child, mother, father, brother, sister, spouse's or common-law partner's mother or father hold, or have they ever held any of the positions listed in (a) through (i) on behalf of a foreign state?

No Yes

Signature

Date

Name of Person Signing

Name of Account

Individual #4

Do you now, or have you ever held any of the following positions in or on behalf of a foreign state? This applies only to positions in a national state, and not provinces or municipalities or the equivalent. It does not apply to positions held in Canada.

- a) Head of State or Head of Government
- b) Member of the Executive Council of Government or Member of a Legislature
- c) Deputy Minister or Equivalent Rank
- d) Ambassador or Attache or Counselor of an Ambassador
- e) Military Officer with a rank of General or above
- f) President of a state-owned company or a state-owned bank
- g) Head of government agency
- h) Judge
- i) Leader or President of a political party represented in a legislature

No Yes

Does your spouse, common-law partner, child, mother, father, brother, sister, spouse's or common-law partner's mother or father hold, or have they ever held any of the positions listed in (a) through (i) on behalf of a foreign state?

No Yes

Signature

Date

Name of Person Signing

Name of Account