

15 York Street, 2nd Floor Toronto, ON M5J 0A3 Canada Phone: 1.877.310.1088 Fax: 416.288.8611

TRUST PARTICIPANT IDENTIFICATION FORM

BENEFICIARY PERSONAL INFORMATION

(NOTE THAT ONE FORM IS REQUIRED FOR EACH BENEFICIARY)

	Initial	Last Name
Home Address		
City		
Province / Country		
Postal Code		
Citizenship (US citizens are required t	Trust please confirm percent	Date of Birth (MM-DD-YYYY) age:
Citizenship (US citizens are required to If Simple or Grantor EMPLOYER INFOR	to complete a W ⁹ form) Trust please confirm percent	age:
Citizenship (US citizens are required to If Simple or Grantor EMPLOYER INFOR	Trust please confirm percent	age:
Citizenship (US citizens are required to If Simple or Grantor EMPLOYER INFOR Please indicate if you are:	Trust please confirm percent	age:
Citizenship (US citizens are required to the state of the	Trust please confirm percent	age:

IDENTIFICATION OF BENEFICIARY

Please attach copy of a valid piece of photo identification



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SETTLOR PERSONAL INFORMATION (NOTE THAT ONE FORM IS REQUIRED FOR EACH SETTLOR)

rst Name	Initial			Last Nam	e	
ome Address			_			
iity			_			
ovince / Country			-			
ostal Code			-			
ome Telephone						
tizenship (US citizens are required to comp	lete a W9 form)	_				
tizenship (US citizens are required to comp		_				
		Employed	Retired	Other, speci	ify :	
EMPLOYER INFORMA	ATION	Employed	Retired	Other, speci	ify :	
EMPLOYER INFORMA	ATION	Employed	Retired	Other, speci	ify :	
EMPLOYER INFORMA Please indicate if you are:	ATION	Employed	Retired	Other, speci	ify :	

IDENTIFICATION OF SETTLOR

Please attach copy of a valid piece of photo identification



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TRUSTEE PERSONAL INFORMATION (NOTE THAT ONE FORM IS REQUIRED FOR EACH TRUSTEE) Mr. \(\text{Mrs.} \(\text{Mrs.} \) \(\text{Miss} \) \(\text{Dr} \)					
First Name	Initial	Last Name			
Home Address					
City					
Province / Country					
Postal Code					
Home Telephone					
Citizenship (US citizens are required to c	omplete a W9 form)				
EMPLOYER INFOR	MATION				
Please indicate if you are :	Self-Employed Employed Re	etired Other, specify :			
Name of Employer					
Position held by client					
Type of business					
INSIDER: YES	NO If yes, pleasespe	ecify:			
CONTROLLING SHA	AREHOLDER: YES NO]			

IDENTIFICATION OF TRUSTEE

Please attach copy of a valid piece of photo identification