



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)

Mr. Mrs. Ms. Miss Dr.

First Name Initial Last Name

Home Address

City

Province / Country

Postal Code

Home Telephone SIN Date of Birth (MM-DD-YYYY)

Citizenship (US citizens are required to complete a W9 form)

If Simple or Grantor Trust please confirm percentage: _____

EMPLOYER INFORMATION

Please indicate if you are : Self-Employed Employed Retired Other, specify : _____

Name of Employer

Position held by client

Type of business

INSIDER: YES NO If yes, please specify: _____

CONTROLLING SHAREHOLDER: YES NO

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)

Mr. Mrs. Ms. Miss Dr

First Name Initial Last Name

Home Address

City

Province / Country

Postal Code

Home Telephone

Citizenship (US citizens are required to complete a W9 form)

EMPLOYER INFORMATION

Please indicate if you are : Self-Employed Employed Retired Other, specify : _____

Name of Employer

Position held by client

Type of business

INSIDER: YES NO If yes, please specify: _____

CONTROLLING SHAREHOLDER: YES NO

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. Mrs. Ms. Miss Dr

First Name Initial Last Name

Home Address

City

Province / Country

Postal Code

Home Telephone

Citizenship (US citizens are required to complete a W9 form)

EMPLOYER INFORMATION

Please indicate if you are : Self-Employed Employed Retired Other, specify : _____

Name of Employer

Position held by client

Type of business

INSIDER: YES NO If yes, please specify: _____

CONTROLLING SHAREHOLDER: YES NO

IDENTIFICATION OF TRUSTEE

Please attach copy of a valid piece of photo identification