



GUARANTEED INVESTMENT APPLICATION

APPLICATION WAS COMPLETED IN PERSON BY TELEPHONE BY MAIL OR ELECTRONIC MEANS CLIENT NUMBER

CLIENT INFORMATION INTENDED USE INVESTMENT ACCOUNT OTHER NEW CLIENT INDIVIDUAL JOINT IN TRUST FOR ESTATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST NAME	INITIAL	LAST NAME	Date Of Birth (MMM DD YYYY)	SOCIAL INSURANCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCCUPATION	ID TYPE (1)	ID REFERENCE NUMBER (1)	PLACE OF ISSUE (1)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	ID TYPE (2)	ID REFERENCE NUMBER (2)	PLACE OF ISSUE (2)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCE STREET ADDRESS	SUITE/ APT.	CITY / TOWN	PROVINCE	POSTAL CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS	RESIDENCE	BUSINESS	CELL/ OTHER	CITIZENSHIP	<input type="checkbox"/> NON RESIDENT

CO-OWNER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST NAME	INITIAL	LAST NAME	Date Of Birth (MMM DD YYYY)	SOCIAL INSURANCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCCUPATION	ID TYPE (1)	ID REFERENCE NUMBER (1)	PLACE OF ISSUE (1)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	ID TYPE (2)	ID REFERENCE NUMBER (2)	PLACE OF ISSUE (2)		
<input type="checkbox"/>	ADDRESS SAME AS ABOVE OR	CONTACT NUMBERS	RESIDENCE	BUSINESS	CITIZENSHIP
<input type="checkbox"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>			<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NON RESIDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCE STREET ADDRESS	SUITE/ APT.	CITY / TOWN	PROVINCE	POSTAL CODE	

REGISTRATION DETAILS FOR MORE THAN ONE (1) APPLICANT OR WHEN REGISTERED "IN TRUST FOR"

JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP TENANTS IN COMMON IN TRUST FOR (PLEASE COMPLETE THIRD PARTY FORM)

ALL MUST SIGN (AND) **DEFAULT UNLESS AND/OR SELECTED** ANY OWNER MAY SIGN OR PROVIDE INSTRUCTIONS (and /or)

INVESTMENT DETAILS

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DAYS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ISSUE DATE (MMM DD, YYYY)	TERM	<input type="checkbox"/> YEARS	MATURITY DATE (MMM DD, YYYY)	AMOUNT	ANNUAL INTEREST RATE	%	INTEREST CALCULATED & PAID
<small>WHEN THE MATURITY DATE FALLS ON A NON BUSINESS DAY THE MATURITY DATE MAY BE AMENDED TO THE NEXT BUSINESS DAY</small>							<input type="checkbox"/> NON REDEEMABLE
<input type="text"/>							<input type="checkbox"/> CASHABLE AFTER 30 DAYS WITH PER DIEM INTEREST AT THE CONTRACT RATE
Maturity Payment Instructions							

SPECIAL INSTRUCTIONS

CONSENT TO THE COLLECTION USE AND DISCLOSURE OF PERSONAL INFORMATION

WILL THIS ACCOUNT BE USED FOR THE BENEFIT OF OR ON BEHALF OF ANYONE NOT DISCLOSED ON THE APPLICATION? NO YES (PROVIDE DETAILS)

NO I/WE, MY SPOUSE, PARENTS, CHILDREN, BROTHERS OR SISTERS OR MY SPOUSE'S MOTHER OR FATHER HAS BEEN; A HEAD OF STATE OR GOVERNMENT, A MEMBER OF THE EXECUTIVE COUNCIL OF GOVERNMENT OR A MEMBER OF A LEGISLATURE; A DEPUTY MINISTER OR EQUIVALENT; AN AMBASSADOR; AN AMBASSADOR'S ATTACHE' OR COUNCILOR; OBTAINED THE RANK OF GENERAL OR HIGHER IN THE MILITARY; A PRESIDENT OF A STATE OWNED COMPANY OR BANK; A HEAD OF A GOVERNMENT AGENCY; A JUDGE OR A LEADER OR PRESIDENT OF A POLITICAL PARTY IN A LEGISLATURE. **IF "YES" PLEASE PROVIDE THE SPECIFIC DETAILS**

YES

BY SIGNING THIS APPLICATION I/WE CONSENT TO THE COLLECTION OF THE PERSONAL INFORMATION CONTAINED IN THIS FORM BY MY/OUR DEPOSIT BROKER AND OR EQUITABLE BANK. I/ WE CONSENT TO THE USE, RETENTION AND DISCLOSURE OF OUR PERSONAL INFORMATION AS IS REASONABLY REQUIRED IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF AN ACCOUNT IN MY/OUR NAME, TO MEET LEGAL AND REGULATORY REQUIREMENTS AND FOR STATISTICAL, AUDIT AND SECURITY PURPOSES IN THE MANNER SET OUT IN EQUITABLE BANK'S PUBLISHED PRIVACY POLICY. I/ WE HAVE READ THE ABOVE PARAGRAPH AND HEREBY GIVE MY/OUR CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF THE PERSONAL INFORMATION DESCRIBED THEREIN. WHERE INVESTMENTS ARE REGISTERED TO TWO (2) OR MORE PERSONS AND THE WORDS "AND/OR", "& OR" OR "OR" APPEAR BETWEEN THE NAMES OF THE REGISTERED OWNERS, INTEREST AND PRINCIPAL MAY BE PAID TO OR TO THE ORDER OF ANY ONE OF THEM AND THE RECEIPT OF SUCH PAYMENT SHALL BE A VALID DISCHARGE. THE DEPOSIT BROKER MAY TAKE INSTRUCTIONS FROM OR DEAL WITH, ANY JOINT OWNER ON ALL MATTERS CONCERNING THE INVESTMENT. I/ WE CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. I/WE ACKNOWLEDGE THAT THE DETAILS OF THE INVESTMENT HAVE BEEN FULLY EXPLAINED AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION WITH THE INVESTMENT DETAILS.

APPLICATION HAS MORE THAN 2 APPLICANTS, ADDITIONAL APPLICANT INFORMATION ON THE ATTACHED APPLICATION IN THE NAME(S) OF

CLIENT SIGNATURE _____ CO-OWNER SIGNATURE _____ DATE _____

UNLESS OTHERWISE STATED ABOVE, I, AS AUTHORIZED REPRESENTATIVE OF THE DEPOSIT BROKER ACCEPTING THIS TRANSACTION, HAVE TAKEN REASONABLE MEASURES AND CERTIFY THAT (I) I HAVE SEEN THE ORIGINAL IDENTIFICATION RECORDS LISTED ABOVE, (II) THE IDENTIFICATION DOCUMENTS WERE VALID AND NOT EXPIRED, (III) I HAVE NO REASON TO BELIEVE THAT THE APPLICANT(S) ARE ACTING ON BEHALF OF A THIRD PARTY OR IF SO HAVE PROVIDED THE REQUIRED INFORMATION ON AN ATTACHED THIRD PARTY FORM (IV) THE APPLICANT(S) ABOVE ARE NOT POLITICALLY EXPOSED FOREIGN PERSONS OR IF SO HAVE PROVIDED THE INFORMATION ON AN ATTACHED PEP FORM (V) CASH HAS NOT BEEN ACCEPTED AS A SOURCE OF FUNDS FOR THIS INVESTMENT (VI) I HAVE FULLY EXPLAINED THE TERMS AND CONDITIONS OF THIS INVESTMENT WITH EQUITABLE BANK AND (VII) I HAVE PROVIDED THE APPLICANT(S) LISTED ABOVE, ON BEHALF OF EQUITABLE BANK, ALL OF THE RELEVANT DISCLOSURES AS PER THE DEPOSIT TYPE INSTRUMENTS REGULATIONS.

EB AGENT NUMBER

BROKER NAME / RBDA NUMBER REPRESENTATIVE NAME / RBDA NUMBER REPRESENTATIVE SIGNATURE DATE